

PART 3. EDB DATA FIELDS IN ALPHABETICAL ORDER.

The ENROLLMENT DATABASE contains the following (visible) fields.
 They are listed in alphabetical order.
 (See PART 2 of this document for a list of EDB fields in
 EDB WORKBENCH RELATION order.)

EDB NAME: BENE_ACRTN_DT

FULL NAME: BENEFICIARY ACCRETION DATE

SHORT NAME: ACCRETION DATE

SAS ALIAS: ACRTN

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 11/22/91.)

THE DATE THE BENEFICIARY RECORD WAS INITIALLY ANNOTATED ON THE
ENROLLMENT DATA BASE (EDB).(**ALL RECORDS THAT WERE ALREADY ON THE EDB AS OF 11/22/91 WERE
ARBITRARILY ASSIGNED AN ACCRETION DATE OF 11/22/91.)

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

REQUIRED VALID DATE; PROTECTED FROM UPDATE

M204-ATTRIBUTES: PRE-ALLOCATED, BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ADR_EFCTV_DT

FULL NAME: BENEFICIARY ADDRESS EFFECTIVE DATE

SHORT NAME: BENE ADDRESS EFFECTIVE DATE

SAS ALIAS: ADREFFD

ALIAS: CAD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES THE DAY A CHANGE OF MAILING ADDRESS WAS
APPLIED TO SSA'S MBR RECORD.

SOURCE: SSA (CER PROGRAM)

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ADR_NAME_LINE_CNT

FULL NAME: BENEFICIARY ADDRESS NAME LINE COUNT

SHORT NAME: BENE ADDRESS NAME LINE COUNT

SAS ALIAS: ADRNMCT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95.)

INDICATES THE NUMBER OF SSA PAYMENT NAME LINES THAT ARE INCLUDED IN THE EDB'S ADDRESS.

IF THE BENEFICIARY HAS A REPRESENTATIVE PAYEE

(BENE_RPRSNTV_PYE_SW = 'Y'), THEN ALL THE SSA PAYMENT NAME LINES AND ALL SSA PAYMENT ADDRESS LINES ARE INCLUDED IN THE EDB'S ADDRESS AND THE BENE_ADR_NAME_LINE_CNT IS SET TO ZERO.

IF THE BENEFICIARY DOES NOT HAVE A REPRESENTATIVE PAYEE:

1) IF THE NUMBER OF PAYMENT NAME LINES ON SSA'S MBR IS GREATER THAN ONE, OR 2) IF THE NAME HOUSED IN THE PAYMENT NAME LINES IS DETERMINED TO BE DISCREPANT BY HCFA EDITS, THEN ALL OF SSA'S PAYMENT NAME LINES ARE INCLUDED IN THE EDB'S ADDRESS, AND THE BENE_ADR_NAME_LINE_CNT IS SET EQUAL TO THE NUMBER OF PAYMENT NAME LINES. IN ALL OTHER CASES, NO SSA PAYMENT NAME LINES ARE INCLUDED IN THE EDB'S ADDRESS AND THE BENE_ADR_NAME_LINE_CNT IS SET TO ZERO.

SOURCE: HCFA

EDIT-RULES:

UNSIGNED NUMBER 0 - 5

LENGTH: 1 (ZONED DECIMAL)

EDB NAME: BENE_BIRTH_DT

FULL NAME: BENEFICIARY BIRTH DATE

SHORT NAME: BIRTH DATE

SAS ALIAS: BIRTH

DESCRIPTION:

THE BIRTH DATE OF THE BENEFICIARY.

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

REQUIRED VALID DATE

M204-ATTRIBUTES: PRE-ALLOCATED, ORDERED NUMERIC, DEFERRED, BINARY

LENGTH: 8 (CHARACTER)

VIEW NAME: BENE_CLM_ACNT_NUM **

FULL NAME: BENEFICIARY CLAIM ACCOUNT NUMBER

SHORT NAME: CLAIM ACCOUNT NUMBER

SAS ALIAS: CAN

DESCRIPTION:

(**THIS FIELD IS PART OF BENE_CLM_NUM.

IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)

THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY UNDER THE SSA OR RRB PROGRAMS. THIS NUMBER, ALONG WITH THE BENEFICIARY IDENTIFICATION CODE, UNIQUELY IDENTIFIES A MEDICARE BENEFICIARY.

SOURCE: SSA/RRB

EDIT-RULES:

REQUIRED; PROTECTED FROM UPDATE

LENGTH: 9 (CHARACTER)

EDB NAME: BENE_CLM_NUM

FULL NAME: BENEFICIARY CLAIM NUMBER

SHORT NAME: HEALTH INSURANCE CLAIM NUMBER

SAS ALIAS: HIC

ALIAS: HIC, CAN

DESCRIPTION:

THE CLAIM NUMBER THAT UNIQUELY IDENTIFIES A MEDICARE BENEFICIARY (AND AN EDB RECORD). IT IS COMPOSED OF TWO PARTS: A NINE POSITION ACCOUNT NUMBER (BENE_CLM_ACNT_NUM) AND A ONE OR TWO POSITION BENEFICIARY IDENTIFICATION CODE (BENE_IDENT_CD OR BIC). THE ACCOUNT NUMBER IS A SOCIAL SECURITY NUMBER OR A RAILROAD BOARD NUMBER THAT WAS CONVERTED TO HCFA'S INTERNAL FORMAT.

SOCIAL SECURITY ACCOUNT NUMBERS ALWAYS CONSIST OF NINE NUMERIC DIGITS. THE FIRST THREE DIGITS ARE CALLED THE 'AREA'. VALID AREA RANGES ARE 001-680 AND 700-728. THE FOURTH AND FIFTH DIGITS OF THE ACCOUNT NUMBER ARE CALLED THE 'GROUP'. VALID GROUPS RANGE FROM 01 TO 99. THE LAST FOUR DIGITS OF THE ACCOUNT NUMBER ARE CALLED THE 'SERIAL'. VALID SERIALS RANGE FROM 0001 TO 9999. SOCIAL SECURITY BENEFICIARY IDENTIFICATION CODES ARE ALWAYS 1 OR 2 ALPHA-NUMERIC CHARACTERS. THE FIRST POSITION IS ALWAYS ALPHABETIC. THE SECOND POSITION CAN BE A LETTER OR A NUMBER.

HCFA'S INTERNAL RAILROAD BOARD ACCOUNT NUMBERS ALWAYS START WITH A LETTER FROM 'A' TO 'G' OR WITH THE 'PLUS ZERO' CHARACTER (HEX 'C0'). (ON MOST KEYBOARDS, THIS IS THE LEFT BRACE CHARACTER: '{'.) DIGITS TWO THRU NINE OF THE ACCOUNT NUMBER ARE ALWAYS NUMERIC. RAILROAD BOARD BENEFICIARY IDENTIFICATION CODES ARE ALWAYS TWO NUMERIC DIGITS. APPENDIX B DESCRIBES HOW TO CONVERT A RAILROAD BOARD NUMBER TO HCFA'S INTERNAL FORMAT.

SOURCE: SSA/RRB

M204-ATTRIBUTES: PRE-ALLOCATED, ORDERED CHAR., NON-DEFERRED

LENGTH: 11 (CHARACTER)

EDB NAME: BENE_CMBN_US_FRGN_ERNG_SW

FULL NAME: BENEFICIARY COMBINE U.S. FOREIGN EARNING SWITCH

SHORT NAME: COMBINE U.S. FOREIGN EARNING SWITCH

SAS ALIAS: FRGNERNG

DESCRIPTION:

A SWITCH THAT INDICATES WHETHER A MEDICARE BENEFICIARY'S EARNINGS FROM A FOREIGN COUNTRY, WITH WHICH THE U.S. HAS AN AGREEMENT, HAVE BEEN COMBINED WITH EARNINGS FROM THE U.S. TO ESTABLISH ELIGIBILITY FOR BENEFITS. THIS COMBINATION IS NEEDED TO ACCOMMODATE THE TOTALIZATION OF BENEFITS LEGISLATION.

SOURCE: SSA

CODES:

Y = YES (THE SSA MBR TOTALIZATION STATUS CODE (TSC) IS 'A1' OR 'A2')
N = NO

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_CWF_LOC_CD

FULL NAME: BENEFICIARY COMMON WORKING FILE LOCATION CODE

SHORT NAME: CWF LOCATION CODE

SAS ALIAS: CWFCD

DESCRIPTION:

IDENTIFIES THE COMMON WORKING FILE (CWF) LOCATION WHERE A
BENEFICIARY'S MEDICARE UTILIZATION RECORDS ARE MAINTAINED.

SOURCE: HCFA, CWF

CODES:

B = MID-ATLANTIC	G = KEYSTONE
C = SOUTHWEST	H = SOUTHEAST
D = NORTHEAST	I = SOUTH
E = GREAT LAKES	J = PACIFIC
F = GREAT WESTERN	

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_CWF_LOC_CD_CHG_DT

FULL NAME: BENEFICIARY COMMON WORKING FILE LOCATION CODE CHANGE DATE

SHORT NAME: CWF LOCATION CODE CHANGE DATE

SAS ALIAS: CWFBEGB

DESCRIPTION:

THE DATE ON WHICH THE BENE_CWF_LOC_CD WAS ESTABLISHED ON THE EDB.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_BLG_CYC_CD

FULL NAME: BENEFICIARY DIRECT BILL BILLING CYCLE CODE

SHORT NAME: DIRECT BILLING CYCLE CODE

SAS ALIAS: DBCBCC

ALIAS: BCC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT INDICATES WHICH BILLING CYCLE APPLIES FOR A BENEFICIARY
WHO IS CURRENTLY BEING DIRECTLY BILLED FOR MEDICARE PREMIUMS.

THE CER PROGRAM SETS THIS CODE:

WHEN A NEW PART A DIRECT BILLING PERIOD IS ESTABLISHED
(OR PART A AND PART B), THE CODE IS SET TO 'M'.

WHEN ONLY A PART B PERIOD IS PRESENT, THE CODE IS
SET TO 'A', 'B', OR 'C' DEPENDING ON THE CALCULATED INITIAL
PREMIUM BILLING DATE (SEE BENE_DB_INITL_PRM_BLG_DT).

WHEN A NEW DATE OF DEATH IS PRESENT, THE CODE IS SET TO 'D'.

HCFA AND PSC STAFF CAN CHANGE THE QUARTERLY CODES BY SUBMITTING
A DDBDRASN 'RIC A', 'RIC B', OR 'RIC C' RECORD. THE RIC CODE
CORRESPONDS TO THE NEW BILLING CYCLE CODE.

THE DIRECT BILL MONTHLY BILLING PROGRAM (DDBMBIL*) USES THE CODE.

SOURCE: HCFA

CODES:

A =	QUARTERLY BILLS MAILED IN JANUARY,	APRIL,	JULY,	OCTOBER
B =	QUARTERLY BILLS MAILED IN FEBRUARY,	MAY,	AUGUST,	NOVEMBER
C =	QUARTERLY BILLS MAILED IN MARCH,	JUNE,	SEPTEMBER,	DECEMBER

EDB DATA DICTIONARY

M = BILLED MONTHLY

D = ESTATE BILL SENT

BLANK = DIRECT BILLING IS NOT INVOLVED

M204-ATTRIBUTES: KEY, NON-DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_DFERD_PMT_DT

FULL NAME: BENEFICIARY DIRECT BILL DEFERRED PAYMENT DATE

SHORT NAME: DB DEFERRED PAYMENT DATE

SAS ALIAS: DBCDPD

ALIAS: DPD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
 A DATE THAT INDICATES THE MONTH AND YEAR WHEN A DIRECT BILL BENEFICIARY WILL RESUME RECEIVING SOCIAL SECURITY PAYMENT CHECKS. THIS DATE IS ASSOCIATED WITH A DEFERRED SSA LAF CODE. A DEFERRED LAF CODE INDICATES THAT A BENEFICIARY IS TEMPORARILY NOT RECEIVING A SOCIAL SECURITY CHECK. HCFA IS RESPONSIBLE FOR MAINTAINING THE BENEFICIARY'S PREMIUM LIABILITY DURING THE DEFERRED PERIOD. IF THE DEFERRED PAYMENT DATE IS LATER THAN THE CURRENT CALENDAR YEAR AND IS ALSO MORE THAN FOUR MONTHS LATER THAN THE CURRENT DIRECT BILL OPERATING MONTH (HOM), THEN THE BENEFICIARY IS BILLABLE FOR THE MEDICARE PREMIUMS DUE. IF THE DEFERRED PAYMENT DATE IS IN THE CURRENT CALENDAR YEAR, THEN THE BENEFICIARY IS NOT BILLED. THE MEDICARE PREMIUMS OWED ARE DEDUCTED FROM THE BENEFICIARY'S CHECK WHEN SOCIAL SECURITY PAYMENTS RESUME.

THE DATE IS REQUIRED FOR ALL 'D' (DEFERRED) SSA LAF CODES AND IS NOT PRESENT ON THE EDB FOR ANY OTHER LAF CODE.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

ALWAYS THE FIRST DAY OF THE MONTH

REQUIRED FOR ALL 'D' SSA LAF CODES

MUST BE LATER THAN THE CER FILE RUN PROCESSING DATE

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_DROP_HSTRY_SW

FULL NAME: BENEFICIARY DIRECT BILL DROP HISTORY SWITCH

SHORT NAME: DB DROP HISTORY SWITCH

SAS ALIAS: DBCDHS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. POPULATED ON 09/02/96 AS PART OF THE CONVERSION OF THE SOBER SYSTEM'S BCM TO EDB DATA.)
 A SWITCH THAT INDICATES THAT EITHER THE OLD SOBER SYSTEM DROPPED OLD EVENTS AND/OR REMITTANCES OR ELSE THE DIRECT BILL CONVERSION DROPPED EVENTS THAT WERE EARLIER THAN THE CURRENT PART A/PART B ENTITLEMENT DATES.

SOURCE: HCFA

CODES:

- Y = 1. SOBER BCM RECORD'S SAC7 CODE > '0' (OLD EVENTS/REMITTANCES DROPPED; OR
- 2. DIRECT BILLING CONVERSION PROGRAM DROPPED EVENTS WHERE EITHER THE BCM'S EVENT EFFECTIVE DATE (EDE) WAS LESS THAN THE CURRENT ENTITLEMENT DATE OR THE EVENT EFFECTIVE CODE (EEC(-A)) WAS NOT EQUAL TO 'B', 'D', OR 'P'.

N = EVENTS/REMITTANCES NOT DROPPED DURING DIRECT BILLING CONVERSION

BLANK = DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_DROP_PRD_CD

FULL NAME: BENEFICIARY DIRECT BILL DROP PERIOD CODE

SHORT NAME: DB DROP DB PERIOD CODE

SAS ALIAS: DBCDPR

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A CODE THAT INDICATES THAT THE OLDEST EXISTING DIRECT BILLING PERIOD WAS DELETED FROM THE EDB TO MAKE ROOM FOR A NEW PERIOD OF DIRECT BILLING. MORE THAN ONE PERIOD MAY HAVE BEEN DROPPED.

SOURCE: HCFA

CODES:

A = AN OLD PART A DIRECT BILLING PERIOD WAS DELETED FROM THE EDB

B = AN OLD PART B DIRECT BILLING PERIOD WAS DELETED FROM THE EDB

C = OLD PART A AND PART B DIRECT BILLING PERIODS WERE DELETED

BLANK = NO DIRECT BILLING PERIODS HAVE BEEN DELETED FROM THE EDB
OR DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_DUE_PROC_CD

FULL NAME: BENEFICIARY DIRECT BILL DUE PROCESS CODE

SHORT NAME: DB DUE PROCESS CODE

SAS ALIAS: DBCDPC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER
09/02/96. RENAMED ON 5/29/99.)

A CODE THAT INDICATES THAT A DIRECT BILL BENEFICIARY IS WITHIN
THE DUE PROCESS PERIOD AFTER ENTITLEMENT HAS BEEN TERMINATED
FOR NON-PAYMENT OF MEDICARE PREMIUMS.

WHEN A DIRECT BILL BENEFICIARY'S PART A AND/OR PART B ENTITLEMENT
IS TERMINATED FOR NON-PAYMENT OF PREMIUMS, THE BENEFICIARY IS
GIVEN A ONE MONTH 'DUE PROCESS' PERIOD TO PAY FOR ALL OUTSTANDING
PREMIUM DUE AMOUNTS THAT ARE OVER 4 MONTHS OLD. (A TEN DOLLAR
TOLERANCE IS ALLOWED.) IF ENOUGH PREMIUMS ARE PAID DURING THE
DUE PROCESS PERIOD, THEN THE ENTITLEMENT TERMINATION IS REVERSED.

SOURCE: HCFA

CODES:

A = A DIRECT BILL DUE PROCESS PERIOD IS IN EFFECT FOR PART A
ENTITLEMENT

B = A DIRECT BILL DUE PROCESS PERIOD IS IN EFFECT FOR PART B
ENTITLEMENT

C = A DIRECT BILL DUE PROCESS PERIOD IS IN EFFECT FOR BOTH
PART A AND PART B ENTITLEMENT

BLANK = A DIRECT BILL DUE PROCESS PERIOD IS NOT IN EFFECT
OR DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_EXSTNC_SW

FULL NAME: BENEFICIARY DIRECT BILLING EXISTENCE SWITCH

SHORT NAME: DIRECT BILLING EXISTENCE SWITCH

SAS ALIAS: DBCEXS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A SWITCH THAT INDICATES THAT THE BENEFICIARY IS OR WAS INVOLVED IN HCFA'S DIRECT BILL PROCESS. THIS PROCESS SENDS MEDICARE PREMIUM BILLS TO BENEFICIARIES WHO DO NOT HAVE THEIR PREMIUMS DEDUCTED FROM THEIR SSA BENEFITS CHECK. THE SWITCH ALSO INDICATES THAT THE DIRECT BILLING CONTROL RELATION IS PRESENT ON AN EDB RECORD. ONCE SET TO 'Y', THE SWITCH IS NEVER TURNED OFF.

SOURCE: HCFA

CODES:

Y = DIRECT BILLING CONTROL RELATION PRESENT;
BENEFICIARY IS CURRENTLY OR WAS PREVIOUSLY INVOLVED
IN MEDICARE PREMIUM DIRECT BILLING

BLANK = DIRECT BILLING IS NOT INVOLVED

M204-ATTRIBUTES: KEY, NON-DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_INITL_PRM_BLG_DT

FULL NAME: BENEFICIARY DIRECT BILL INITIAL PREMIUM BILLING DATE

SHORT NAME: DB INITIAL PREMIUM BILLING DATE

SAS ALIAS: DBCIBD

ALIAS: IBD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT INDICATES WHEN BILLING IS SCHEDULED TO BEGIN FOR A DIRECT BILL BENEFICIARY.

THE INITIAL PREMIUM BILLING DATE IS SET OR RE-SET BY THE CER PROGRAM WHEN A NEW PART A OR PART B DIRECT BILL PERIOD IS ESTABLISHED:

IF A PART B DB PERIOD EXISTS (NOT NECESSARILY NEW OR OPEN) AND THE PART B DB START DATE IS LATER THAN THE CURRENT DIRECT BILL OPERATING MONTH (HOM), THEN THE INITIAL PREMIUM BILLING DATE IS SET TO THE MONTH BEFORE THE PART B DB PERIOD START DATE. IN ALL OTHER SITUATIONS, THE DATE IS SET TO THE CURRENT HOM DATE. (EXCEPTION: IF THE SSA LAF CODE IS 'S6', THE DATE IS SET TO 'HOM + 1 MONTH'.)

THE DIRECT BILL MONTHLY BILL PROGRAM (DDBMBIL*) RE-SETS THIS DATE TO THE NEXT HOM DATE IF THE BENE_DB_PRVNT_EOM_BLG_SW IS 'Y'.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK; ALWAYS THE FIRST DAY OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_LAST_BLG_ACTN_CD

FULL NAME: BENEFICIARY DIRECT BILL LAST BILLING ACTION CODE

SHORT NAME: DB LAST BILLING ACTION CODE

SAS ALIAS: DBCLAC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

EDB DATA DICTIONARY

A CODE THAT IDENTIFIES WHAT TYPE OF BILL WAS LAST SENT TO A DIRECT BILL BENEFICIARY. UPDATED BY THE MONTHLY DDBMBIL* PROGRAM.

SOURCE: HCFA

CODES:

I = THE INITIAL BILL FOR A DIRECT BILL CYCLE

S = A SECOND NOTICE BILL WITHIN A DIRECT BILL CYCLE

D = A DELINQUENT NOTICE BILL WITHIN A DIRECT BILL CYCLE

E = AN ESTATE BILL: SENT AS A RESULT OF THE BENEFICIARY'S DEATH

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_LAST_BLG_DT

FULL NAME: BENEFICIARY DIRECT BILL LAST BILLING DATE

SHORT NAME: DB LAST BILLING DATE

SAS ALIAS: DBCLBD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE THAT INDICATES WHEN THE LAST BILL WAS MAILED TO A DIRECT
BILL BENEFICIARY. THIS DATE ALSO APPEARS ON THE BILL SENT TO THE
BENEFICIARY. THE FORMAT IS YYYYMM. THE DATE REPRESENTS THE CURRENT
DIRECT BILL OPERATING MONTH MINUS ONE MONTH (HOM - 1 MONTH).
FOR EXAMPLE, BILLS CREATED IN THE MARCH 1997 BILLING JOB AND
MAILED IN APRIL HAVE A BENE_DB_LAST_BLG_DT OF 199704. THE BILLS
CREATED IN THIS RUN ARE FOR THE HOM OF 199705 AND COVER THE MONTH OF
MAY FOR MONTHLY BILLS OR THE MONTHS OF MAY, JUNE AND JULY FOR
QUARTERLY BILLS.

UPDATED BY THE DIRECT BILL MONTHLY BILL PROGRAM (DDBMBIL*).

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_DB_LAST_BLG_PTA_AMT

FULL NAME: BENEFICIARY DIRECT BILL LAST BILLING PART A AMOUNT

SHORT NAME: DB LAST BILLING PARTA AMOUNT

SAS ALIAS: DBCLAA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE TOTAL PART A PREMIUM AMOUNT THAT WAS DUE ON THE LAST BILL
MAILED TO A DIRECT BILL BENEFICIARY. IT INCLUDES PAST DUE AMOUNTS.
(THIS IS ALSO THE CURRENT PART A RECEIVABLE BALANCE AMOUNT AT THE
POINT IN TIME WHEN THE BILL WAS CREATED.)

UPDATED BY THE DIRECT BILL MONTHLY BILL PROGRAM (DDBMBIL*).

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_LAST_BLG_PTB_AMT

FULL NAME: BENEFICIARY DIRECT BILL LAST BILLING PART B AMOUNT

SHORT NAME: DB LAST BILLING PARTB AMOUNT

SAS ALIAS: DBCLBA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE TOTAL PART B PREMIUM AMOUNT THAT WAS DUE ON THE LAST BILL
MAILED TO A DIRECT BILL BENEFICIARY. IT INCLUDES PAST DUE AMOUNTS.
(THIS IS ALSO THE CURRENT PART B RECEIVABLE BALANCE AMOUNT AT THE
POINT IN TIME WHEN THE BILL WAS CREATED.)

UPDATED BY THE DIRECT BILL MONTHLY BILL PROGRAM (DDBMBIL*).

SOURCE: HCFA

EDIT-RULES:

EDB DATA DICTIONARY

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99
ALWAYS NEGATIVE OR ZERO
M204-ATTRIBUTES: STRING
LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_LAST_BLG_THRU_DT

FULL NAME: BENEFICIARY DIRECT BILL LAST BILLING THROUGH DATE

SHORT NAME: DB LAST BILLING THRU DATE

SAS ALIAS: DBCLTD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT INDICATES THE LAST MONTH THAT WAS COVERED BY THE LAST BILL MAILED TO A DIRECT BILL BENEFICIARY. THE FORMAT IS YYYYMM.

FOR MONTHLY BILLS, THE 'BILLING THRU' DATE IS THE SAME AS THE CURRENT DIRECT BILL OPERATING MONTH (HOM). FOR QUARTERLY BILLS, THE 'BILLING THRU' DATE IS 'HOM + 2 MONTHS'. FOR ESTATE BILLS, THE DATE IS THE YEAR AND MONTH OF THE DATE OF DEATH.

FOR EXAMPLE, BILLS CREATED IN THE MARCH 1997 BILLING JOB AND MAILED IN APRIL ARE FOR THE HOM OF 199705. FOR MONTHLY BILLS, THE BENE_DB_LAST_BLG_THRU_DT IS ALSO 199705. QUARTERLY BILLS IN THIS CYCLE COVER THE MONTHS OF MAY, JUNE AND JULY AND THE BENE_DB_LAST_BLG_THRU_DT IS 199707.

UPDATED BY THE DIRECT BILL MONTHLY BILL PROGRAM (DDBMBIL*).

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_DB_LAST_RMTNC_AMT

FULL NAME: BENEFICIARY DIRECT BILL LAST REMITTANCE AMOUNT

SHORT NAME: DB LAST REMITTANCE AMOUNT

SAS ALIAS: DBCLRA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

THE AMOUNT OF THE LAST PREMIUM REMITTANCE RECEIVED BY HCFA FROM A DIRECTLY BILLED BENEFICIARY.

SOURCE: HCFA (DDBDBNKR PROGRAM)

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS POSITIVE OR ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_LAST_RMTNC_DT

FULL NAME: BENEFICIARY DIRECT BILL LAST REMITTANCE DATE

SHORT NAME: DB LAST REMITTANCE DATE

SAS ALIAS: DBCLRD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES THE DAY HCFA LAST POSTED A PREMIUM REMITTANCE FROM A DIRECTLY BILLED MEDICARE BENEFICIARY.

SOURCE: HCFA (DDBDBNKR PROGRAM)

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB DATA DICTIONARY

EDB NAME: BENE_DB_LAST_SSA_ACTN_DT

FULL NAME: BENEFICIARY DIRECT BILL LAST SSA ACTION DATE

SHORT NAME: DB LAST SSA ACTION DATE

SAS ALIAS: DBCSAD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT INDICATES WHEN EDB DIRECT BILLING DATA WAS LAST UPDATED BY AN SSA CER TRANSACTION. THE DATE CONTAINS SSA'S RUN PROCESSING DATE. IT SHOULD ALWAYS AGREE WITH THE SSA_RRB_ACTN_PRCSG_DT FIELD EXCEPT IN SITUATIONS WHERE THE TRANSACTION HAS PASSED CER ENTITLEMENT EDITS BUT FAILED CER DIRECT BILLING EDITS.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PRVNT_EOM_BLG_CNT

FULL NAME: BENEFICIARY DIRECT BILL PREVENT END OF MONTH BILLING COUNTER

SHORT NAME: DB PREVENT MONTH-END BILLING COUNTER

SAS ALIAS: DBCPBC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A COUNT THAT INDICATES THE NUMBER OF TIMES THE MONTHLY DIRECT BILL BILLING PROGRAM (DDBMBIL*) SUPPRESSED BILLING FOR A BENEFICIARY AT THE REQUEST OF HCFA OR PSC STAFF.

SEE BENE_DB_PRVNT_EOM_BLG_SW.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER: S9(3), GREATER THAN OR EQUAL TO ZERO

M204-ATTRIBUTES: STRING

LENGTH: 2 (PACKED DECIMAL) OR 3 (ZONED DECIMAL)

EDB DATA DICTIONARY

EDB NAME: BENE_DB_PRVNT_EOM_BLG_SW

FULL NAME: BENEFICIARY DIRECT BILL PREVENT END OF MONTH BILLING SWITCH

SHORT NAME: DB PREVENT MONTH-END BILLING SWITCH

SAS ALIAS: DBCPBS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A SWITCH THAT ALLOWS HCFA AND PSC STAFF TO PREVENT THE BILLING OF
OF A DIRECT BILL BENEFICIARY FOR ONE MONTH. THIS SWITCH CAN BE
TURNED ON OR OFF DIRECTLY IN THE ERNIE ON-LINE SYSTEM. IT IS ALSO
TURNED ON OR OFF BY A DDBDRASN 'RIC S' ACTION:

1) IF THE 'SIC ACTION CODE' IS 'S', THE SWITCH IS SET TO 'Y';

2) IF THE 'SIC ACTION CODE' IS 'K', THE SWITCH IS SET TO 'N'.

EACH MONTH WHEN THE DIRECT BILL BILLING PROGRAM (DDBMBIL*) RUNS,
THE BENE_DB_PRVNT_EOM_BLG_SW IS CHECKED. IF THE SWITCH EQUALS 'Y',
THE BENE_DB_PRVNT_EOM_BLG_CNT COUNTER FIELD IS INCREASED BY 1,
BILLING IS SUPPRESSED FOR THAT MONTH, AND THE SWITCH IS TURNED OFF
(I.E., SET TO 'N').

THE DAILY CER PROGRAM TURNS OFF THE SWITCH WHENEVER A NEW DIRECT
BILLING PERIOD IS ESTABLISHED OR A CURRENT DIRECT BILLING PERIOD
IS CLOSED.

SOURCE: HCFA

CODES:

Y = DO NOT BILL A DIRECT BILL BENEFICIARY IN THE NEXT MONTHLY
BILLING RUN

N, BLANK = BILLING SUPPRESSION IS NOT IN EFFECT;
OR DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTA_BLBL_ACRUBL_CD

FULL NAME: BENEFICIARY DIRECT BILL PART A BILLABLE ACCRUABLE CODE

SHORT NAME: DB PART A BILLABLE ACCRUABLE CODE

SAS ALIAS: DBCAAC

ALIAS: HBAC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER
09/02/96.)

A CODE THAT INDICATES A DIRECT BILLING BENEFICIARY'S PREMIUM
ACCRUABLE STATUS AND BILLABLE STATUS FOR PART A DIRECT BILLING.

SOURCE: HCFA

CODES:

B = PART A PREMIUM DUE AMOUNT IS ACCRUABLE AND THE BENEFICIARY
IS BILLABLE

BLANK = PART A DIRECT BILLING IS NOT INVOLVED

M204-ATTRIBUTES: KEY, DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTA_INITL_ACRTN_DT

FULL NAME: BENEFICIARY DIRECT BILL PART A INITIAL ACCRETION DATE

SHORT NAME: DB PART A INITIAL ACCRETION DATE

SAS ALIAS: DBCAAD

ALIAS: IADH

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

EDB DATA DICTIONARY

A DATE THAT INDICATES THE DAY WHEN PART A DIRECT BILLING WAS FIRST ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE POPULATED, THE DATE IS NOT CHANGED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTA_INITL_EFCTV_DT

FULL NAME: BENEFICIARY DIRECT BILL PART A INITIAL EFFECTIVE DATE

SHORT NAME: DB PTA INITIAL EFFECTIVE DATE

SAS ALIAS: DBCAED

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES THE DIRECT BILLING OPERATING MONTH (HOM)
THAT WAS IN EFFECT WHEN PART A DIRECT BILLING WAS FIRST
ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE POPULATED,
THE DATE IS NOT CHANGED.

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_DB_PTA_INITL_PRM_DUE_AMT

FULL NAME: BENEFICIARY DIRECT BILL PART A INITIAL PREMIUM DUE AMOUNT

SHORT NAME: DB PART A INITIAL PREM DUE AMOUNT

SAS ALIAS: DBCAPA

ALIAS: APDAH

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE PART A PREMIUM AMOUNT THAT WAS DUE WHEN PART A DIRECT BILLING
WAS FIRST ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE
POPULATED, THE AMOUNT IS NOT CHANGED. THE AMOUNT IS THE SUM OF ALL
THE CALCULATED MONTHLY PREMIUM AMOUNTS FROM THE PART A DIRECT BILL
START DATE MONTH THROUGH THE CURRENT DIRECT BILL OPERATING MONTH.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_PTA_NENTLMT_PRM_AMT

FULL NAME: BENEFICIARY DIRECT BILL PART A NON-ENTITLEMENT PREMIUM
AMOUNT

SHORT NAME: DB PTA NONENTITLEMENT PREMIUM AMOUNT

SAS ALIAS: DBCNAPA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)
A TEMPORARY STORAGE AREA FOR PART A PREMIUM AMOUNTS RECEIVED BY HCFA
BEFORE THE FIRST PART A ENTITLEMENT PERIOD HAS BEEN ESTABLISHED.
WHEN THE PART A ENTITLEMENT PERIOD IS FINALLY ESTABLISHED, THE MONEY
AMOUNT STORED IN THIS FIELD IS ADDED TO THE CURRENT
BENE_PTA_DB_PRD_PRM_DUE_AMT FIELD AND THIS FIELD IS ZEROED.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_PTA_PRD_IDENT_CD

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD IDENTIFICATION CODE

SHORT NAME: DIRECT BILL PTA PERIOD IDENT CODE

SAS ALIAS: DBAPID

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A NUMERIC CODE THAT UNIQUELY IDENTIFIES ALL OCCURRENCES OF THE SAME PART A DIRECT BILLING PERIOD. MULTIPLE OCCURRENCES OF EACH CODE ARE POSSIBLE, BUT ONLY ONE OCCURRENCE IS ACTIVE. ALL OTHER OCCURRENCES HAVE AN INACTIVE DATE.

(THE CODES ARE NOT NECESSARILY IN SEQUENCE, BUT THE CURRENT ACTIVE PERIOD SHOULD APPEAR LAST IN THE RELATION.)

SOURCE: HCFA

EDIT-RULES:

NUMERIC, REQUIRED

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRD_INACT_DT

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD INACTIVE DATE

SHORT NAME: DIRECT BILL PTA PERIOD INACTIVE DATE

SAS ALIAS: DBAINA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE DATE ON WHICH AN OCCURRENCE OF A PART A DIRECT BILLING PERIOD WAS INACTIVATED BECAUSE OF CHANGES TO THE DIRECT BILLING START OR STOP DATES.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRD_STOP_DT

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD STOP DATE

SHORT NAME: DIRECT BILL PTA PERIOD STOP DATE

SAS ALIAS: DBAEND

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE DATE THAT INDICATES WHEN A PART A DIRECT BILLING PERIOD ENDED. ALWAYS THE LAST DAY OF THE MONTH.

EXCEPTION: THE CER PROGRAM DELETES A PREVIOUSLY ESTABLISHED (BUT ERRONEOUS) DIRECT BILLING PERIOD BY SETTING THE STOP DATE EQUAL TO THE DIRECT BILL START DATE (AND LEAVING THE INACTIVE DATE BLANK). (SEE: BENE_DB_PTA_PRD_STOP_RSN_CD)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

ALWAYS THE LAST DAY OF THE MONTH. (EXCEPTION: FOR DELETED PERIODS, THE FIRST DAY OF THE MONTH.)

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRD_STOP_RSN_CD

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD STOP REASON CODE

SHORT NAME: DIRECT BILL PTA STOP REASON CODE

SAS ALIAS: DBAERC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES THE REASON PART A DIRECT BILLING STOPPED.

SOURCE: HCFA

CODES:

BLANK = OPEN PART A DIRECT BILLING (OR NO DIRECT BILLING)

1 = PREMIUM PART A ENTITLEMENT ENDED;

THE DIRECT BILL STOP DATE IS THE PART A ENTITLEMENT
TERMINATION DATE

2 = THIRD PARTY INVOLVEMENT STARTED;

THE DIRECT BILL STOP DATE IS THE PART A THIRD PARTY START DATE
MINUS 1 DAY

3 = BIC STATUS CHANGED FROM UN-INSURED TO INSURED;

THE DIRECT BILL STOP DATE IS THE DATE OF INITIAL ENTITLEMENT
(DOEI) MINUS 1 DAY

4 = CROSS REFERRED TO A NEW CLAIM NUMBER;

THE DIRECT BILL STOP DATE IS THE LAST DAY OF THE CURRENT
DIRECT BILL OPERATING MONTH

5 = BENEFICIARY DIED;

THE DIRECT BILL STOP DATE IS THE LAST DAY OF THE MONTH OF DEATH

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRD_STRT_DT

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD START DATE

SHORT NAME: DIRECT BILL PTA PERIOD START DATE

SAS ALIAS: DBABEG

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE DATE THAT INDICATES WHEN A PART A DIRECT BILLING PERIOD STARTED.

THE DATE IS USUALLY THE SAME AS THE PART A ENTITLEMENT START DATE,
(BENE_PTA_ENTLMT_STRT_DT).

EXCEPTION: FOR DISABLED WORKING INDIVIDUALS (BENE_PTA_ENRLMT_RSN_CD
EQUAL 'T'), THE PART A DIRECT BILLING START DATE IS SSA'S
DATE OF SUSPENSION/TERMINATION (DOST).

IF THIRD PARTY INVOLVEMENT IS ENDING, THE PART A DIRECT BILL START
DATE IS THE PART A THIRD PARTY TERMINATION DATE PLUS 1 MONTH.

(SEE: BENE_DB_PTA_PRD_STRT_RSN_CD)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

ALWAYS THE FIRST DAY OF THE MONTH.

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRD_STRT_RSN_CD

FULL NAME: BENEFICIARY DIRECT BILL PART A PERIOD START REASON CODE

SHORT NAME: DIRECT BILL PTA START REASON CODE

SAS ALIAS: DBABRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES THE REASON PART A DIRECT BILLING STARTED.

SOURCE: HCFA

CODES:

- 1 = INITIAL ENTITLEMENT TO PART A DIRECT BILLING;
THE DIRECT BILL START DATE IS THE PART A ENTITLEMENT DATE
- 2 = THIRD PARTY INVOLVEMENT ENDED;
THE DIRECT BILL START DATE IS THE PART A THIRD PARTY END DATE
PLUS 1 MONTH
- 5 = CONVERTED FROM THE OLD SOBER SYSTEM;
THE DIRECT BILL START DATE IS THE PART A ENTITLEMENT DATE
- 6 = DISABLED WORKING INDIVIDUAL;
THE DIRECT BILL START DATE IS SSA'S DATE OF
SUSPENSION/TERMINATION (DOST)

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTA_PRM_BLG_CD

FULL NAME: BENEFICIARY DIRECT BILL PART A PREMIUM BILLING CODE

SHORT NAME: BENE DB PTA PREMIUM BILLING CODE

SAS ALIAS: DBCABC

ALIAS: PBCH

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT INDICATES A DIRECT BILLING BENEFICIARY'S INSURED
STATUS AND BILLABLE STATUS FOR PART A DIRECT BILLING.

SOURCE: HCFA

CODES:

- 2 = UNINSURED BENEFICIARY, BILLABLE MONTHLY
(ASSOCIATED WITH A PART A BILLABLE ACCRUABLE CODE OF 'B')
- BLANK = PART A DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTB_BLBL_ACRUBL_CD

FULL NAME: BENEFICIARY DIRECT BILL PART B BILLABLE ACCRUABLE CODE

SHORT NAME: DB PART B BILLABLE ACCRUABLE CODE

SAS ALIAS: DBCBAC

ALIAS: BAC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT INDICATES A DIRECT BILLING BENEFICIARY'S PREMIUM
ACCRUABLE STATUS AND BILLABLE STATUS FOR PART B DIRECT BILLING.

SOURCE: HCFA

CODES:

B = PART B PREMIUM DUE AMOUNT IS ACCRUABLE AND THE BENEFICIARY
IS BILLABLE
(ASSOCIATED WITH SSA LAF CODES THAT INDICATE 'SUSPENDED' OR
'UN-INSURED')

D = PART B PREMIUM DUE AMOUNT IS ACCRUABLE
(ASSOCIATED WITH SSA LAF CODES THAT INDICATE 'DEFERRED')
IF THE DEFERRED PAYMENT DATE (BENE_DB_DFERD_PMT_DT) IS LATER
THAN THE CURRENT CALENDAR YEAR AND IS ALSO MORE THAN FOUR MONTHS
LATER THAN THE CURRENT DIRECT BILL OPERATING MONTH (HOM),
THEN THE BENEFICIARY IS BILLABLE;
OTHERWISE THE BENEFICIARY IS NOT BILLABLE

P = PART B PREMIUM DUE AMOUNT IS ACCRUABLE AND THE PROGRAM
SERVICE CENTER CONTROLS BILLING.
(ASSOCIATED WITH SSA LAF CODES THAT INDICATE 'SUSPENDED' OR
'UN-INSURED')

BLANK = PART B DIRECT BILLING IS NOT INVOLVED

M204-ATTRIBUTES: KEY, DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTB_INITL_ACRTN_DT

FULL NAME: BENEFICIARY DIRECT BILL PART B INITIAL ACCRETION DATE

SHORT NAME: DB PART B INITIAL ACCRETION DATE

SAS ALIAS: DBCBAD

ALIAS: IAD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT INDICATES THE DAY WHEN PART B DIRECT BILLING WAS FIRST
ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE POPULATED,
THE DATE IS NOT CHANGED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTB_INITL_EFCTV_DT

FULL NAME: BENEFICIARY DIRECT BILL PART B INITIAL EFFECTIVE DATE

SHORT NAME: DB PTB INITIAL EFFECTIVE DATE

SAS ALIAS: DBCBED

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT INDICATES THE DIRECT BILLING OPERATING MONTH (HOM)

EDB DATA DICTIONARY

THAT WAS IN EFFECT WHEN PART B DIRECT BILLING WAS FIRST
ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE POPULATED,
THE DATE IS NOT CHANGED.

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_DB_PTB_INITL_PRM_DUE_AMT

FULL NAME: BENEFICIARY DIRECT BILL PART B INITIAL PREMIUM DUE AMOUNT

SHORT NAME: DB PART B INITIAL PREM DUE AMOUNT

SAS ALIAS: DBCBPA

ALIAS: APDA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE PART B PREMIUM AMOUNT THAT WAS DUE WHEN PART B DIRECT BILLING
WAS FIRST ESTABLISHED ON AN EDB RECORD BY THE CER PROGRAM. ONCE
POPULATED, THE AMOUNT IS NOT CHANGED. THE AMOUNT IS DETERMINED
BY SSA AND IS PASSED TO HCFA ON THE CER TRANSACTION.

SOURCE: SSA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_PTB_NENTLMT_PRM_AMT

FULL NAME: BENEFICIARY DIRECT BILL PART B NON-ENTITLEMENT PREMIUM
AMOUNT

SHORT NAME: DB PTB NONENTITLEMENT PREMIUM AMOUNT

SAS ALIAS: DBCNBPA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)
A TEMPORARY STORAGE AREA FOR PART B PREMIUM AMOUNTS RECEIVED BY HCFA
BEFORE THE FIRST PART B ENTITLEMENT PERIOD HAS BEEN ESTABLISHED.
WHEN THE PART B ENTITLEMENT PERIOD IS FINALLY ESTABLISHED, THE MONEY
AMOUNT STORED IN THIS FIELD IS ADDED TO THE CURRENT
BENE_PTB_DB_PRD_PRM_DUE_AMT FIELD AND THIS FIELD IS ZEROED.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_PTB_PRD_IDENT_CD

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD IDENTIFICATION CODE

SHORT NAME: DIRECT BILL PTB PERIOD IDENT CODE

SAS ALIAS: DBBPID

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A NUMERIC CODE THAT UNIQUELY IDENTIFIES ALL OCCURRENCES OF THE SAME
PART B DIRECT BILLING PERIOD. MULTIPLE OCCURRENCES OF EACH CODE
ARE POSSIBLE, BUT ONLY ONE OCCURRENCE IS ACTIVE. ALL OTHER
OCCURRENCES HAVE AN INACTIVE DATE.
(THE CODES ARE NOT NECESSARILY IN SEQUENCE, BUT THE CURRENT ACTIVE
PERIOD SHOULD APPEAR LAST IN THE RELATION.)

SOURCE: HCFA

EDIT-RULES:

NUMERIC, REQUIRED

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRD_INACT_DT

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD INACTIVE DATE

SHORT NAME: DIRECT BILL PTB PERIOD INACTIVE DATE

SAS ALIAS: DBBINA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE ON WHICH AN OCCURRENCE OF A PART B DIRECT BILLING PERIOD
WAS INACTIVATED BECAUSE OF CHANGES TO THE DIRECT BILLING START OR
STOP DATES.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRD_STOP_DT

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD STOP DATE

SHORT NAME: DIRECT BILL PTB PERIOD STOP DATE

SAS ALIAS: DBBEND

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE THAT INDICATES WHEN A PART B DIRECT BILLING PERIOD ENDED.
ALWAYS THE LAST DAY OF THE MONTH.
EXCEPTION: THE CER PROGRAM DELETES A PREVIOUSLY ESTABLISHED
(BUT ERRONEOUS) DIRECT BILLING PERIOD BY SETTING THE STOP DATE EQUAL
TO THE DIRECT BILL START DATE (AND LEAVING THE INACTIVE DATE BLANK).
(SEE: BENE_DB_PTB_PRD_STOP_RSN_CD)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

ALWAYS THE LAST DAY OF THE MONTH. (EXCEPTION: FOR DELETED PERIODS,
THE FIRST DAY OF THE MONTH.)

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRD_STOP_RSN_CD

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD STOP REASON CODE

SHORT NAME: DIRECT BILL PTB STOP REASON CODE

SAS ALIAS: DBBERC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A CODE THAT IDENTIFIES THE REASON PART B DIRECT BILLING STOPPED.

SOURCE: HCFA

CODES:

BLANK = OPEN PART B DIRECT BILLING (OR NO DIRECT BILLING)

1 = PART B ENTITLEMENT ENDED;

THE DIRECT BILL STOP DATE IS THE PART B ENTITLEMENT
TERMINATION DATE

2 = THIRD PARTY INVOLVEMENT STARTED;

THE DIRECT BILL STOP DATE IS THE PART B THIRD PARTY START DATE
MINUS 1 DAY

3 = SSA LAF CODE INDICATES A RETURN TO CURRENT PAY STATUS;

THE DIRECT BILL STOP DATE IS THE LAST DAY OF THE SSA OPERATING

EDB DATA DICTIONARY

MONTH ASSOCIATED WITH THE DEBIT PROCESSING DATE
(EOM OF DRD'S COM)

4 = CROSS REFERRED TO A NEW CLAIM NUMBER;

THE DIRECT BILL STOP DATE IS THE LAST DAY OF THE CURRENT
DIRECT BILL OPERATING MONTH

5 = BENEFICIARY DIED;

THE DIRECT BILL STOP DATE IS THE LAST DAY OF THE MONTH OF DEATH

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRD_STRT_DT

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD START DATE

SHORT NAME: DIRECT BILL PTB PERIOD START DATE

SAS ALIAS: DBBBEG

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
 THE DATE THAT INDICATES WHEN A PART B DIRECT BILLING PERIOD STARTED.
 THE RULES FOR ESTABLISHING THIS DATE INVOLVE THE PART B ENTITLEMENT
 START DATE (BENE_PTB_ENTLMT_STRT_DT OR SSA'S DOES), THE CURRENT
 SSA BENEFIT PAYMENT STATUS CODE (BENE_SSA_BNFT_PMT_STUS_CD OR SSA'S
 LAF CODE), AND THE DATE OF SUSPENSION/TERMINATION (DOST),
 DATE OF CREDIT ACTION (DOCA) AND DEBIT PROCESSING DATE (DRD) THAT
 ARE ASSOCIATED WITH THE CURRENT LAF CODE.

1. IF THE BIC IS UN-INSURED OR IS INSURED WITH FOREIGN EARNINGS,
 OR PART B ENTITLEMENT IS BEING ESTABLISHED FOR THE FIRST TIME,
 THEN THE PART B DIRECT BILL START DATE IS THE DOES.
2. IF THE BIC IS INSURED AND THE LAF CODE INDICATES DEFERRED STATUS,
 THEN THE PART B DIRECT BILL START DATE IS THE LATER OF THE DOES
 AND THE MONTH AFTER THE SSA CURRENT OPERATING MONTH ASSOCIATED
 WITH THE DRD, (I.E., DRD'S COM + 1 MONTH).
3. IF THE BIC IS INSURED AND THE LAF CODE INDICATES UN-INSURED OR
 SUSPENDED STATUS:
 - A) FOR A DISABILITY CESSATION CASE WHERE A LAF 'C' (CURRENT PAY)
 IS CHANGING TO A LAF 'U' (UN-INSURED), THE PART B
 DIRECT BILL START DATE IS THE LATER OF THE DOES AND THE
 MONTH AFTER THE SSA CURRENT OPERATING MONTH ASSOCIATED
 WITH THE DRD, (I.E., DRD'S COM + 1 MONTH).
 - B) IF A NEW OCCURRENCE OF PART B ENTITLEMENT IS BEING ESTABLISHED,
 THEN THE PART B DIRECT BILL START DATE IS THE DOES.
 - C) IF (DOST + 1 MONTH) IS GREATER THAN DOES, THEN
 IF (DOCA + 1 MONTH) IS GREATER THAN (DOST + 1 MONTH) THEN
 THE PART B DIRECT BILL START DATE IS (DOCA + 1 MONTH)
 ELSE THE PART B DIRECT BILL START DATE IS (DOST + 1 MONTH)
 - D) IF (DOST + 1 MONTH) IS NOT GREATER THAN DOES, THEN
 IF THE DOCA IS EQUAL TO DOES THEN
 THE PART B DIRECT BILL START DATE IS THE DOES
 ELSE IF (DOCA + 1 MONTH) IS GREATER THAN THE DOES THEN
 THE PART B DIRECT BILL START DATE IS (DOCA + 1 MONTH)
 ELSE THE PART B DIRECT BILL START DATE IS THE DOES.
4. THE DEFAULT FOR ANY REMAINING SITUATIONS IS DOES.

IF THIRD PARTY INVOLVEMENT IS ENDING, THE PART B DIRECT BILL START
 DATE IS THE PART B THIRD PARTY TERMINATION DATE PLUS 1 MONTH.

FOR PART B DIRECT BILL PERIODS THAT WERE CREATED WHEN THE OLD SOBER
 SYSTEM DATA WAS CONVERTED TO EDB DATA, THE DIRECT BILL START DATE
 IS THE LAST SOBER EVENT EFFECTIVE DATE THAT WAS ASSOCIATED WITH THE
 FIRST OCCURRENCE OF AN OPEN EVENT EFFECTIVE CODE OF 'B', 'D', OR 'P'.
 (SEE: BENE_DB_PTB_PRD_STRT_RSN_CD)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

ALWAYS THE FIRST DAY OF THE MONTH.

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRD_STRT_RSN_CD

FULL NAME: BENEFICIARY DIRECT BILL PART B PERIOD START REASON CODE

SHORT NAME: DIRECT BILL PTB START REASON CODE

SAS ALIAS: DBBBRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES THE REASON PART B DIRECT BILLING STARTED.

SOURCE: HCFA

CODES:

- 1 = INITIAL ENTITLEMENT TO PART B DIRECT BILLING;
THE DIRECT BILL START DATE IS THE PART B ENTITLEMENT DATE
- 2 = THIRD PARTY INVOLVEMENT ENDED;
THE DIRECT BILL START DATE IS THE PART B THIRD PARTY END DATE
PLUS 1 MONTH
- 3 = AN INSURED BENEFICIARY WAS PLACED INTO DEFERRED, SUSPENDED, OR
UN-INSURED (LAF CODE) STATUS BY SSA;
THE DIRECT BILL START DATE IS BASED ON A SET OF RULES INVOLVING
THE PART B ENTITLEMENT DATE, THE DATE OF CREDIT ACTION, THE
DATE OF SUSPENSION/TERMINATION AND THE DEBIT PROCESSING DATE
- 5 = CONVERTED FROM THE OLD SOBER SYSTEM;
THE DIRECT BILL START DATE IS THE SOBER SYSTEM LAST EVENT
EFFECTIVE DATE ASSOCIATED WITH AN EVENT EFFECTIVE CODE OF
'B', 'D', OR 'P'
- 7 = DISABILITY CESSATION CASE: THE LAF CODE IS CHANGING FROM 'C'
(CURRENT PAY) TO 'U' (UN-INSURED);
THE DIRECT BILL START DATE IS THE LATER OF THE PART B ENTITLEMENT
DATE AND THE MONTH AFTER THE SSA OPERATING MONTH (COM) ASSOCIATED
WITH THE DEBIT PROCESSING DATE

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_PTB_PRM_BLG_CD

FULL NAME: BENEFICIARY DIRECT BILL PART B PREMIUM BILLING CODE

SHORT NAME: DB PART B PREMIUM BILLING CODE

SAS ALIAS: DBCBBC

ALIAS: PBC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT INDICATES A DIRECT BILLING BENEFICIARY'S INSURED
STATUS AND BILLABLE STATUS FOR PART B DIRECT BILLING.

SOURCE: HCFA

CODES:

- 0 = INSURED BENEFICIARY, NOT BILLABLE
(PART B PREMIUM WITHHELD FROM SSA BENEFITS)
(CONVERTED FROM THE SOBER SYSTEM BUT NOT CURRENTLY SET OR USED)
- 1 = UNINSURED BENEFICIARY, BILLABLE QUARTERLY (AT THE BENE'S
REQUEST)
(CONVERTED FROM THE SOBER SYSTEM AND ALSO SET BY DDBDRASN
'RIC 6' PROCESSING EDITS, BUT NOT CURRENTLY USED)
- 2 = UNINSURED BENEFICIARY, BILLABLE MONTHLY
(ASSOCIATED WITH A PART B BILLABLE ACCRUABLE CODE OF 'B')
(PART A DIRECT BILLING IS ALSO BILLABLE)
- 5 = INSURED BENEFICIARY, BILLABLE QUARTERLY
(ASSOCIATED WITH A PART B BILLABLE ACCRUABLE CODE OF 'B' OR 'D')
- 6 = PROUTY CASE, NOT BILLABLE

EDB DATA DICTIONARY

(ASSOCIATED WITH A PART B BILLABLE ACCRUABLE CODE OF 'P')

7 = PROUTY CASE, BILLABLE QUARTERLY
(CONVERTED FROM THE SOBER SYSTEM BUT NOT CURRENTLY SET OR USED)

8 = PROGRAM SERVICE CENTER CONTROLLED (ANNUAL) BILLING
(ASSOCIATED WITH A PART B BILLABLE ACCRUABLE CODE OF 'P')

BLANK = PART B DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_QSTNBL_PRM_DUE_SW

FULL NAME: BENEFICIARY DIRECT BILL QUESTIONABLE PREMIUM DUE SWITCH

SHORT NAME: DB QUESTIONABLE PREMIUM DUE SWITCH

SAS ALIAS: DBCQPS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A SWITCH THAT INDICATES THAT EITHER THE CURRENT PART A OR CURRENT
PART B PREMIUM DUE AMOUNT FOR A DIRECT BILLED BENEFICIARY IS
QUESTIONABLE. THIS SWITCH IS ASSOCIATED WITH THE
BENE_PTA_DB_PRD_PRM_QSTNBL_AMT AND BENE_PTB_DB_PRD_PRM_QSTNBL_AMT
FIELDS. IF THE CURRENT OCCURRENCE OF EITHER FIELD IS OTHER THAN
ZERO, THEN THE QUESTIONABLE PREMIUM DUE SWITCH IS SET TO 'Y'.

SOURCE: HCFA

CODES:

Y = THE CURRENT PART A AND/OR PART B PREMIUM DUE AMOUNT IS
QUESTIONABLE

N, BLANK = PREMIUM DUE AMOUNT IS NOT QUESTIONABLE OR
DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_RMTNC_CD

FULL NAME: BENEFICIARY DIRECT BILL REMITTANCE CODE

SHORT NAME: DB REMITTANCE CODE

SAS ALIAS: DBCRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A CODE THAT INDICATES THAT A DIRECT BILL BENEFICIARY HAS MADE
AT LEAST ONE REMITTANCE PAYMENT DURING THE CURRENT ENTITLEMENT
PERIOD.
WHEN THE CER PROGRAM ESTABLISHES THE FIRST DIRECT BILLING PERIOD
WITHIN THE CURRENT PART A OR PART B ENTITLEMENT PERIOD, IT TURNS
OFF THE APPLICABLE REMITTANCE CODE SETTING.
WHEN THE DAILY BANKER PROGRAM (DDBDBNKR) APPLIES A DIRECT BILL
REMITTANCE, IT TURNS ON THE APPROPRIATE REMITTANCE CODE SETTING.
THE DIRECT BILLING DAILY AND QUARTERLY REFUND PROGRAM (DDBDRFND)
USES THE CODE TO HELP PREVENT CREATING ERRONEOUS REFUND CHECKS.

SOURCE: HCFA

CODES:

A = A REMITTANCE HAS BEEN MADE FOR PART A DIRECT BILLING

B = A REMITTANCE HAS BEEN MADE FOR PART B DIRECT BILLING

C = REMITTANCES HAVE BEEN MADE FOR PART A AND PART B DIRECT BILLING

BLANK = NO DIRECT BILL PREMIUM REMITTANCE HAS BEEN MADE DURING
THE CURRENT ENTITLEMENT PERIOD; OR
DIRECT BILLING IS NOT INVOLVED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_RPTG_PGM_CD

FULL NAME: BENEFICIARY DIRECT BILL REPORTED PROGRAM SOURCE CODE

SHORT NAME: DB REPORTED PROGRAM SOURCE CODE

SAS ALIAS: DBCRPC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES WHICH SSA OBJECT PROGRAM LAST REQUESTED
THE CURRENT DIRECT BILLING PREMIUM DUE AMOUNT.

UPDATED BY THE DAILY DDBDRPT* PROGRAM.

SOURCE: SSA

CODES:

SSA MBR SEARCH SORT CODE (SSC) AND SUB-SEARCH SORT CODE (SSSC).

THE FOLLOWING SSA OBJECT PROGRAMS ARE KNOWN TO REQUEST PDA DATA.

THE LIST MAY NOT BE ALL INCLUSIVE.

SSC:

A = ECJURIS	K = ASajs3	2 = ROAR
B = MADCAP	P = TATTER	6 = SCMAP
G = ASajs1	S = PEPPER	7 = ASajs3
J = RCREACT		8 = ASajs1

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_DB_RPTG_PRM_DT

FULL NAME: BENEFICIARY DIRECT BILL REPORTED PREMIUM DATE

SHORT NAME: DB REPORTED PREMIUM DATE

SAS ALIAS: DBCRPD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE LAST DATE ON WHICH AN SSA OBJECT PROGRAM REQUESTED THE CURRENT
DIRECT BILLING PREMIUM DUE AMOUNT.

UPDATED BY THE DAILY DDBDRPT* PROGRAM.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_RPTG_PRM_DUE_AMT

FULL NAME: BENEFICIARY DIRECT BILL REPORTED PREMIUM DUE AMOUNT

SHORT NAME: DB REPORTED PREMIUM DUE AMOUNT

SAS ALIAS: DBCRPA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE LAST DIRECT BILL PREMIUM DUE AMOUNT REPORTED TO SSA ON THE
DAILY PSPINQ FILE, AN OUTPUT OF THE DDBDCPD* PROGRAM.

UPDATED BY THE DAILY DDBDRPT* PROGRAM.

SEE ALSO: BENE_DB_RPTG_PRM_DT AND BENE_DB_RPTG_PGM_CD.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_RQST_BLG_SW

FULL NAME: BENEFICIARY DIRECT BILL REQUEST BILLING SWITCH

SHORT NAME: DB REQUEST BILLING SWITCH

SAS ALIAS: DBCRBS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A SWITCH THAT ALLOWS HCFA AND PSC STAFF TO REQUEST THE BILLING OF
OF A DIRECT BILL BENEFICIARY WHO IS CURRENTLY IN DEFERRED BILLING
STATUS. A DDBDRASN 'RIC S' RECORD WITH A 'SIC ACTION CODE: H' SETS THIS
SWITCH TO 'Y'. THE DDBMBIL* BILLING PROGRAM SENDS A BILL WHEN THE SWITCH
IS SET TO >Y=.

SOURCE: HCFA

CODES:

Y = INCLUDE THE BENEFICIARY IN THE MONTHLY DIRECT BILL BILLING
RUN EVEN THOUGH THE BENEFICIARY IS IN DEFERRED BILLING STATUS
N, BLANK = REQUEST BILLING IS NOT IN EFFECT;
OR DIRECT BILLING IS NOT INVOLVED

M204-ATTRIBUTES: KEY, DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DB_TRANS_ADJSTMT_RSN_CD

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION ADJUSTMENT REASON CODE

SHORT NAME: DB TRANSACTION ADJUSTMENT REASON

SAS ALIAS: DBTARC

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A CODE THAT IDENTIFIES THE REASON FOR A DIRECT BILL TRANSACTION
ADJUSTMENT. PRESENT ONLY WHEN THE BENE_DB_TRANS_TYPE_CD IS 'A'.

SOURCE: HCFA

CODES:

- 00 = ACCRETION PART B PREMIUM DUE AMOUNT RECEIVED FROM SSA ON THE CER
FILE WHEN PART B DIRECT BILLING WAS FIRST ESTABLISHED
- 01 = DIRECT BILLING START DATE ADJUSTMENT DUE TO A CHANGE IN THE
ENTITLEMENT START DATE
- 02 = DIRECT BILLING STOP DATE ADJUSTMENT DUE TO ENTITLEMENT
TERMINATION OR WITHDRAWAL
- 03 = DIRECT BILLING START DATE ADJUSTMENT DUE TO A CHANGE IN THE DATE
ASSOCIATED WITH A SUSPENDED/DEFERRED LAF STATUS CODE
- 04 = DIRECT BILLING START OR STOP DATE WAS ADJUSTED DUE TO A CHANGE
TO SSA CURRENT PAY STATUS (LAF 'C')
- 05 = DIRECT BILLING STOP DATE ADJUSTMENT DUE TO A BIC CODE CHANGE
FROM UN-INSURED TO INSURED ENTITLEMENT STATUS (PART A ONLY)
- 06 = DIRECT BILLING START DATE ADJUSTED DUE TO A CHANGE IN THE DATE
ASSOCIATED WITH A DISABLED WORKING INDIVIDUAL CASE (PART A ONLY)
- 07 = DIRECT BILLING START DATE ADJUSTED DUE TO THE CESSATION OF
DISABILITY (LAF 'C' TO LAF 'U' CASE)
- 08 = DIRECT BILLING START OR STOP DATE ADJUSTED DUE TO THIRD PARTY
BUY-OUT OR BUY-IN
- 09 = DIRECT BILLING STOP DATE ADJUSTMENT DUE TO A DELETED (ERRONEOUS)
PERIOD OF THIRD PARTY BUY-IN
- 12 = DIRECT BILLING DATES ADJUSTED DUE TO A DATE OF DEATH
- 13 = DIRECT BILLING DATES ADJUSTED DUE TO THE REMOVAL OF AN ERRONEOUS
DATE OF DEATH
- 14 = WRITE-OFF DUE TO DEATH
- 15 = 72 MONTH WRITE-OFF
- 16 = ADJUSTMENT - PSC BILLING CASE
- 17 = DIRECT BILLING TERMINATION REVERSAL:
A TERMINATED PERIOD OF DIRECT BILLING WAS RE-OPENED DUE TO THE
TIMELY PROCESSING OF A DDBDBNKR REMITTANCE OR A DDBDRASN
PREMIUM DUE AMOUNT ADJUSTMENT
- 18 = DIRECT BILLING PERIOD TERMINATED DUE TO NON-PAYMENT OF PREMIUMS
- 19 = SYSTEM CLEAN-UP ACTION
- 20 = REFUND REDUCED BECAUSE OF PREMIUMS OWED IN A PRIOR ENTITLEMENT
PERIOD

LENGTH: 2 (CHARACTER)

EDB NAME: **BENE_DB_TRANS_AMT**

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION AMOUNT

SHORT NAME: DB TRANSACTION TOTAL AMOUNT

SAS ALIAS: DBTTA

DESCRIPTION:

 (DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

 DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

1. DDBDBNKR REMITTANCE TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'R'):
 THE TOTAL ORIGINAL REMITTANCE AMOUNT SUBMITTED BY THE BENEFICIARY.
2. DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
 THE TOTAL CALCULATED PREMIUM DUE AMOUNT THAT WAS BILLED TO THE
 BENEFICIARY. THIS INCLUDES CURRENT AND PAST DUE AMOUNTS.
3. DDBDRFND REFUND TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'A'):
 THE TOTAL PART A OR PART B REFUNDED AMOUNT.

SOURCE: HCFA

EDIT-RULES:

 SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_CD

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION CODE

SHORT NAME: DB TRANSACTION CODE

SAS ALIAS: DBTC

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

A CODE THAT PROVIDES ADDITIONAL, MISCELLANEOUS INFORMATION ABOUT
THE SOURCE OF A DIRECT BILL TRANSACTION.

SOURCE: HCFA

CODES:

FOR ADJUSTMENT TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'A'):

- 7 = CER PDR: A PLUS ADJUSTMENT AMOUNT FROM SSA THAT DECREASES A
PART B PREMIUM ARREARAGE OR INCREASES A PART B PREMIUM OVERAGE
- 8 = CER PDR: A MINUS ADJUSTMENT AMOUNT FROM SSA THAT INCREASES A
PART B PREMIUM ARREARAGE OR DECREASES A PART B PREMIUM OVERAGE
- 9 = CER PRA: A MINUS OR PLUS ADJUSTMENT AMOUNT FROM SSA THAT
REVERSES THE EFFECT OF A PREVIOUSLY SUBMITTED TYPE '7' OR '8'
PDR ADJUSTMENT

1 = DDBDRASN RIC 1 TRANSACTION: A MINUS ADJUSTMENT AMOUNT THAT
INCREASES A PART B PREMIUM ARREARAGE OR DECREASES A PART B
PREMIUM OVERAGE

3 = DDBDRASN RIC 3 TRANSACTION: A PLUS ADJUSTMENT AMOUNT THAT
DECREASES A PART B PREMIUM ARREARAGE OR INCREASES A PART B
PREMIUM OVERAGE

L = DDBDRASN RIC L TRANSACTION: A MINUS ADJUSTMENT AMOUNT THAT
INCREASES A PART B PREMIUM ARREARAGE OR DECREASES A PART B
PREMIUM OVERAGE. IN ADDITION, THE QUESTIONABLE PART B
PREMIUM AMOUNT FIELD IS ZEROED.

K = DDBDRASN RIC K TRANSACTION: A PLUS ADJUSTMENT AMOUNT THAT
DECREASES A PART B PREMIUM ARREARAGE OR INCREASES A PART B
PREMIUM OVERAGE. IN ADDITION, THE QUESTIONABLE PART B
PREMIUM AMOUNT FIELD IS ZEROED.

D = DDBDRASN RIC D TRANSACTION: A MINUS ADJUSTMENT AMOUNT THAT
INCREASES A PART A PREMIUM ARREARAGE OR DECREASES A PART A
PREMIUM OVERAGE

F = DDBDRASN RIC F TRANSACTION: A PLUS ADJUSTMENT AMOUNT THAT
DECREASES A PART A PREMIUM ARREARAGE OR INCREASES A PART A
PREMIUM OVERAGE

J = DDBDRASN RIC J TRANSACTION: A MINUS ADJUSTMENT AMOUNT THAT
INCREASES A PART A PREMIUM ARREARAGE OR DECREASES A PART A
PREMIUM OVERAGE. IN ADDITION, THE QUESTIONABLE PART A
PREMIUM AMOUNT FIELD IS ZEROED.

H = DDBDRASN RIC H TRANSACTION: A PLUS ADJUSTMENT AMOUNT THAT
DECREASES A PART A PREMIUM ARREARAGE OR INCREASES A PART A
PREMIUM OVERAGE. IN ADDITION, THE QUESTIONABLE PART A
PREMIUM AMOUNT FIELD IS ZEROED.

A = DDBDRFND PROGRAM ACTION: PART A PREMIUM REFUND

G = DDBDRFND PROGRAM ACTION: PART B PREMIUM REFUND

Q = DDBDRFND PROGRAM ACTION: PART B QUARTERLY REFUND

S = MISCELLANEOUS SYSTEMS ADJUSTMENT

R = RETURNED CHECK (**FUTURE**)

EDB DATA DICTIONARY

Y = BANK ADVICE OF CREDIT - PART A/PART B (**FUTURE**)
Z = BANK ADVICE OF DEBIT - PART A/PART B (**FUTURE**)

FOR BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):

I = INITIAL BILLING NOTICE
S = SECOND BILLING NOTICE
D = DELINQUENT BILL NOTICE
E = ESTATE BILL NOTICE

BENE_DB_TRANS_CD...CONTINUED

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FOR EVENT      TRANSACTIONS  (BENE_DB_TRANS_TYPE_CD = 'E'):
6  = CER: BIC CHANGE
8  = CER: A DIRECT BILLING PERIOD IS CLOSED AND ANY OUTSTANDING
    RECEIVABLE BALANCE IS ZEROED
A  = 1. CER: PREMIUM DUE AMOUNT IS QUESTIONABLE;
    ESTABLISH POSSIBLE EQUITABLE RELIEF (EVENT VALUE TEXT = 57)
    2. CER: MAKE WHOLE ALERT; THE PDR/PRA FROM SSA DID NOT ZERO
    THE PART B PREMIUM DUE AMOUNT (EVENT VALUE TEXT = 62)
    3. CER: DEATH REFUND ALERT (EVENT VALUE = 63)

3  = DDBDRASN RIC 5 OR 6: CHANGE TO THE PREMIUM BILLING CODE
4  = DDBDRASN RIC A, B, OR C: CHANGE TO THE BILLING CYCLE CODE
A  = DDBDRASN RIC S, SIC A: REFUND EXCESS PART A PREMIUM
G  = DDBDRASN RIC S, SIC G: REFUND EXCESS PART B PREMIUM
H  = DDBDRASN RIC S, SIC H: START BILLING A DEFERRED CASE
    (TURN ON THE REQUEST BILLING SWITCH)
K  = DDBDRASN RIC S, SIC K: RESUME BILLING
    (TURN OFF THE PREVENT EOM BILLING SWITCH)
M  = DDBDRASN RIC S, SIC M: MOVE ZEROS TO THE PART A AND PART B
    QUESTIONABLE PREMIUM DUE AMOUNT FIELDS AND TURN OFF
    THE QUESTIONABLE PREMIUM DUE SWITCH
S  = DDBDRASN RIC S, SIC S: STOP BILLING FOR ONE MONTH
    (TURN ON THE PREVENT EOM BILLING SWITCH)
X  = DDBDRASN RIC S, SIC X: DB REQUEST FOR SSA MBR UPDATE

A  = DDBDRFND: POTENTIAL REFUND (EVENT VALUE TEXT = 26) OR
    DEATH (EVENT VALUE TEXT = 63)
P  = DDBDRFND: PMPMAS REFUND OF EXCESS PREMIUMS

2  = ERNIE: CLEAR QUESTIONABLE SWITCH AND/OR ZERO QUESTIONABLE
    PREMIUM DUE AMOUNT
3  = ERNIE: CHANGE TO THE PREMIUM BILLING CODE
4  = ERNIE: CHANGE TO THE BILLING CYCLE CODE
A  = ERNIE: PREMIUM DUE AMOUNT IS QUESTIONABLE;
    ESTABLISH POSSIBLE EQUITABLE RELIEF (EVENT VALUE TEXT = 57)
Y  = ERNIE: CROSS REFERENCE ACTION

1  = (**FUTURE**): TURN ON QUESTIONABLE PREMIUM DUE SWITCH
5  = SOBER SYSTEM (OBSOLETE): CHANGE TO BILLABLE/ACCRUABLE CODE
7  = SOBER SYSTEM (OBSOLETE): EDIT STOP/START BILLING
B  = SOBER SYSTEM (OBSOLETE): ?
F  = SOBER SYSTEM (OBSOLETE): REMOVAL OF PREMIUM EXCEPTION
L  = SOBER SYSTEM (OBSOLETE): ?

FOR ACCRUAL    TRANSACTIONS  (BENE_DB_TRANS_TYPE_CD = 'P'):
NOT APPLICABLE

FOR REMITTANCE TRANSACTIONS  (BENE_DB_TRANS_TYPE_CD = 'R'):
BLANK = DDBDBNKR TRANSACTION: SCANNED OR KEYED REMITTANCE PROCESSED
E  = DDBDBNKR TRANSACTION: RESOLVED ERNIE EXCEPTION REMITTANCE
L  = DDBDBNKR TRANSACTION: RESOLVED LOCKBOX EXCEPTION REMITTANCE
P  = DDBDBNKR TRANSACTION: RESOLVED PREPAYMENT CASE FROM LOCKBOX
C  = DDBDBNKR TRANSACTION: DUPLICATE REMITTANCE EDIT BYPASSED

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LENGTH: 2 (CHARACTER)

EDB NAME: BENE_DB_TRANS_CLM_NUM

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION CLAIM NUMBER

SHORT NAME: DB TRANSACTION BENE CLAIM NUMBER

SAS ALIAS: DBTCLM

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
THE BENEFICIARY CLAIM NUMBER THAT WAS CURRENT WHEN THE TRANSACTION
WAS WRITTEN TO THE DIRECT BILL TRANSACTION FILE. FOR DDBDBNKR AND
DDBDRASN TRANSACTIONS, THE INPUT FILE CLAIM NUMBER IS USED. FOR
ALL OTHER TRANSACTIONS, THE EDB'S BENE_CLM_NUM IS USED.

SOURCE: HCFA

M204-ATTRIBUTES: PRE-ALLOCATED

LENGTH: 11 (CHARACTER)

EDB NAME: BENE_DB_TRANS_EFCTV_DT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION EFFECTIVE DATE

SHORT NAME: DB TRANSACTION EFFECTIVE DATE

SAS ALIAS: DBTED

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES WHICH DIRECT BILL OPERATING MONTH WAS IN EFFECT
WHEN THE TRANSACTION WAS WRITTEN TO THE DIRECT BILL TRANSACTION FILE.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD; ALWAYS THE FIRST OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_TRANS_EVNT_VAL_TXT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION EVENT VALUE TEXT

SHORT NAME: DB TRANSACTION BILLING EVENT VALUE

SAS ALIAS: DBTBEV

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A TEXT FIELD THAT CONTAINS MISCELLANEOUS INFORMATION ABOUT A
DIRECT BILLING EVENT TRANSACTION.

SOURCE: HCFA

VALUES:

26 = DDBDRFND: POTENTIAL REFUND
57 = CER AND ERNIE: QUESTIONABLE PREMIUM DUE AMOUNT CALCULATED
62 = CER: A MAKE WHOLE ALERT GENERATED AS A RESULT OF PROCESSING
AN SSA PDR/PRA PREMIUM AMOUNT
63 = DDBDRFND AND CER: REFUND GENERATED AFTER DEATH
XX = CER BIC CHANGE: WHERE XX IS THE OLD BIC
1,2,5 = DDBDRASN OR ERNIE: OLD PREMIUM BILLING CODE
A,B,C = DDBDRASN OR ERNIE: OLD BILLING CYCLE CODE
58 = (*FUTURE*): QUESTIONABLE PREMIUM DUE AMOUNT:
CROSS REFERRED CASE WITH OVERLAPPING DIRECT BILLING INVOLVEMENT
59 = (*FUTURE*): QUESTIONABLE PREMIUM DUE AMOUNT FOLLOW UP
77 = (*FUTURE*): PREMIUM AMOUNT COLLECTABLE

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_DB_TRANS_KEY_NUM **

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION KEY NUMBER

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A NUMBER (OR SET OF NUMBERS) THAT UNIQUELY IDENTIFIES ALL THE
TRANSACTIONS ON THE DIRECT BILLING TRANSACTION FILE THAT ARE
ASSOCIATED WITH EACH INDIVIDUAL EDB BENEFICIARY CLAIM NUMBER.
** THIS FIELD IS NOT PRESENT IN AN EDB VIEW.** IT IS USED
'BEHIND THE SCENES' IN THE EDB'S APPLICATION INTERFACE LOGIC.
EACH DIRECT BILLING TRANSACTION IS STORED WITH THE 'KEY NUMBER'
THAT HAS BEEN ASSIGNED TO THE EDB'S BENE_CLM_NUM. THIS KEY NUMBER
IS USED INSTEAD OF THE BENE_CLM_NUM BECAUSE IT GREATLY SIMPLIFIES
CROSS REFERENCE ACTIONS.

SOURCE: HCFA

EDIT-RULES:

TEN SETS OF NUMBERS STARTING AT 100,000,000 - 100,000,009;
THE LOW ORDER DIGIT IDENTIFIES EACH SET OF NUMBERS AND CORRESPONDS
TO AN EDB SEGMENT NUMBER; INCREMENTED BY 10.

M204-ATTRIBUTES: BINARY, PRE-ALLOCATED, ORDERED NUMERIC, NON-DEFERRED
LENGTH: 9 (CHARACTER)

EDB NAME: BENE_DB_TRANS_NTC_PTA_THRU_DT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION NOTICE PART A THRU DATE

SHORT NAME: DB TRANSACTION NOTICE PTA THRU DATE

SAS ALIAS: DBTAND

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES THE LAST MONTH THAT WAS COVERED WHEN A PART A
OR PART A/PART B BILL WAS MAILED TO A DIRECT BILL BENEFICIARY.
POPULATED ONLY FOR BENE_DB_TRANS_TYPE_CD = 'B' TRANSACTIONS.
FOR MONTHLY BILLS, THE DATE IS THE SAME AS THE CURRENT DIRECT BILL
OPERATING MONTH (HOM). SEE BENE_DB_LAST_BLG_THRU_DT.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK; ALWAYS THE FIRST DAY OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_TRANS_NTC_PTB_THRU_DT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION NOTICE PART B THRU DATE

SHORT NAME: DB TRANSACTION NOTICE PTB THRU DATE

SAS ALIAS: DBTBND

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES THE LAST MONTH THAT WAS COVERED WHEN A PART B
OR PART A/PART B BILL WAS MAILED TO A DIRECT BILL BENEFICIARY.
POPULATED ONLY FOR BENE_DB_TRANS_TYPE_CD = 'B' TRANSACTIONS.
FOR MONTHLY BILLS, THE 'BILLING THRU' DATE IS THE SAME AS THE
CURRENT DIRECT BILL OPERATING MONTH (HOM). FOR QUARTERLY BILLS,
THE 'BILLING THRU' DATE IS 'HOM + 2 MONTHS'. FOR ESTATE BILLS,

EDB DATA DICTIONARY

THE DATE IS THE YEAR AND MONTH OF THE DATE OF DEATH.
SOURCE: HCFA
EDIT-RULES:
 YYYYMMDD OR BLANK; ALWAYS THE FIRST DAY OF THE MONTH
M204-ATTRIBUTES: BINARY
LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_TRANS_PRCSG_DT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PROCESSING DATE

SHORT NAME: DB TRANSACTION PROCESSING DATE

SAS ALIAS: DBTPD

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES THE DAY WHEN A DIRECT BILL TRANSACTION
WAS ADDED TO THE DIRECT BILL TRANSACTION FILE.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD; REQUIRED

M204-ATTRIBUTES: BINARY, ORDERED NUMERIC, NON-DEFERRED, PRE-ALLOCATED

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_TRANS_PRIOR_PRD_CNT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PRIOR PERIOD COUNT

SHORT NAME: DB TRANSACTION PRIOR PERIOD COUNT

SAS ALIAS: DBTPPC

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
USED ONLY IN DDBDRFND EVENT TRANSACTIONS.
THE RELATIVE OCCURRENCE NUMBER OF THE PART A OR PART B ENTITLEMENT
PERIOD THAT HAD A PREMIUM OVERAGE THAT WAS REFUNDED BY THE DIRECT
BILLING DDBDRFND PROGRAM.

SOURCE: HCFA

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_DB_TRANS_PTA_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART A AMOUNT

SHORT NAME: DB TRANSACTION PART A AMOUNT

SAS ALIAS: DBTAA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
THE TOTAL CALCULATED PART A PREMIUM AMOUNT THAT WAS APPLIED TO
THE BENEFICIARY'S PART A PREMIUM DUE AMOUNT.
A NEGATIVE AMOUNT INCREASED THE BENEFICIARY'S PREMIUM LIABILITY.
A POSITIVE AMOUNT DECREASED THE BENEFICIARY'S PREMIUM LIABILITY.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTA_EARN_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART A EARNED AMOUNT

SHORT NAME: DB TRANSACTION PTA NON-PROSPECT AMT

SAS ALIAS: DBTAEA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

1. IN THE ACCRUAL PROCESS WHEN THE PART A DIRECT BILLING PERIOD IS TERMINATED FOR NON-PAYMENT OF PREMIUMS, AN ADJUSTMENT TRANSACTION IS CREATED. THE 'EARNED AMOUNT' FIELD CONTAINS THE PART A RECEIVABLE AMOUNT FOR THE (HOM - 3) MONTH THAT WAS BACKED OUT BECAUSE THE MONTH OCCURRED AFTER THE TERMINATION DATE.
2. DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'): THE 'EARNED AMOUNT' IS THE CALCULATED 'CURRENT' PART A PREMIUM DUE AMOUNT, WHICH EXCLUDES THE QUESTIONABLE AMOUNT, THE RECEIVABLE BALANCE AMOUNT, AND THE PROSPECTIVE PREMIUM RATE AMOUNT FOR THE NEW OPERATING MONTH.
3. IN DDBDRASN AND CER ADJUSTMENT TRANSACTIONS, THE 'EARNED AMOUNT' IS THE CALCULATED AMOUNT THAT WAS APPLIED TO THE PART A RECEIVABLE BALANCE.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTA_PAST_DUE_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART A PAST DUE AMOUNT

SHORT NAME: DB TRANSACTION PTA PAST DUE AMOUNT

SAS ALIAS: DBTADA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

IN DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
 THE PART A RECEIVABLE BALANCE AMOUNT AT THE TIME THE PREMIUM BILL
 WAS CREATED.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTA_PRM_DUE_AMTFULL NAME: BENEFICIARY DIRECT BILL TRANSACTION
PART A PREMIUM DUE AMOUNT

SHORT NAME: DB TRANSACTION PTA PREMIUM DUE AMT

SAS ALIAS: DBTACA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

THE PART A PREMIUM DUE AMOUNT THAT RESULTED AFTER APPLYING THE
 PART A TRANSACTION AMOUNT. THIS PART A PREMIUM DUE AMOUNT WAS
 CURRENT AT THE TIME THE DIRECT BILL TRANSACTION WAS WRITTEN.

EDB DATA DICTIONARY

A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA.

A POSITIVE AMOUNT INDICATES AN OVERPAYMENT OF PREMIUMS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTA_PRSPCTV_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART A
PROSPECTIVE AMOUNT

SHORT NAME: DB TRANSACTION PTA PROSPECTIVE AMT

SAS ALIAS: DBTAPA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

1. DDBDBNKR REMITTANCE TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'R'):
THE EXCESS PORTION OF THE REMITTANCE AMOUNT THAT WAS APPLIED TO
THE PART A PREMIUM DUE AMOUNT AFTER THE PART A RECEIVABLE BALANCE
WAS REDUCED TO ZERO.
2. DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
THE PART A PREMIUM RATE AMOUNT THAT WAS CALCULATED FOR THE CURRENT
DIRECT BILL OPERATING MONTH.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTB_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART B AMOUNT

SHORT NAME: DB TRANSACTION PART B AMOUNT

SAS ALIAS: DBTBBA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

THE TOTAL CALCULATED PART B PREMIUM AMOUNT THAT WAS APPLIED TO
THE BENEFICIARY'S PART B PREMIUM DUE AMOUNT.

A NEGATIVE AMOUNT INCREASED THE BENEFICIARY'S PREMIUM LIABILITY.

A POSITIVE AMOUNT DECREASED THE BENEFICIARY'S PREMIUM LIABILITY.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTB_EARN_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART B EARNED AMOUNT

SHORT NAME: DB TRANSACTION PTB NON-PROSPECT AMT

SAS ALIAS: DBTBBA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.

DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)

1. IN THE ACCRUAL PROCESS WHEN THE PART B DIRECT BILLING PERIOD IS
TERMINATED FOR NON-PAYMENT OF PREMIUMS, AN ADJUSTMENT TRANSACTION
IS CREATED. THE 'EARNED AMOUNT' FIELD CONTAINS THE PART B
RECEIVABLE AMOUNT FOR THE (HOM - 3) MONTH THAT WAS BACKED OUT
BECAUSE THE MONTH OCCURRED AFTER THE TERMINATION DATE.
2. DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
THE 'EARNED AMOUNT' IS THE CALCULATED 'CURRENT' PART B PREMIUM
DUE AMOUNT, WHICH EXCLUDES THE QUESTIONABLE AMOUNT, THE RECEIVABLE

EDB DATA DICTIONARY

BALANCE AMOUNT, AND THE PROSPECTIVE PREMIUM RATE AMOUNTS FOR THE NEW OPERATING MONTH.

3. IN DDBDRASN AND CER ADJUSTMENT TRANSACTIONS, THE 'EARNED AMOUNT' IS THE CALCULATED AMOUNT THAT WAS APPLIED TO THE PART B RECEIVABLE BALANCE.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTB_PAST_DUE_AMT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART B PAST DUE AMOUNT

SHORT NAME: DB TRANSACTION PTB PAST DUE AMOUNT

SAS ALIAS: DBTBDA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
IN DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
THE PART B RECEIVABLE BALANCE AMOUNT AT THE TIME THE PREMIUM BILL
WAS CREATED.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTB_PRM_DUE_AMTFULL NAME: BENEFICIARY DIRECT BILL TRANSACTION
PART B PREMIUM DUE AMOUNT

SHORT NAME: DB TRANSACTION PTB PREMIUM DUE AMT

SAS ALIAS: DBTBCA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
THE PART B PREMIUM DUE AMOUNT THAT RESULTED AFTER APPLYING THE
PART B TRANSACTION AMOUNT. THIS PART B PREMIUM DUE AMOUNT WAS
CURRENT AT THE TIME THE DIRECT BILL TRANSACTION WAS WRITTEN.
A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA.
A POSITIVE AMOUNT INDICATES AN OVERPAYMENT OF PREMIUMS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_PTB_PRSPCTV_AMTFULL NAME: BENEFICIARY DIRECT BILL TRANSACTION PART B
PROSPECTIVE AMOUNT

SHORT NAME: DB TRANSACTION PTB PROSPECTIVE AMT

SAS ALIAS: DBTBPA

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
1. DDBDBNKR REMITTANCE TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'R'):
THE EXCESS PORTION OF THE REMITTANCE AMOUNT THAT WAS APPLIED TO
THE PART B PREMIUM DUE AMOUNT AFTER THE PART B RECEIVABLE BALANCE
WAS REDUCED TO ZERO.
2. DDBMBIL* BILLING TRANSACTIONS (BENE_DB_TRANS_TYPE_CD = 'B'):
THE TOTAL PART B PREMIUM RATE AMOUNT THAT WAS CALCULATED FOR THE
THREE MONTH QUARTER THAT BEGINS WITH THE CURRENT DIRECT BILL
OPERATING MONTH.

SOURCE: HCFA

EDIT-RULES:

EDB DATA DICTIONARY

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99
M204-ATTRIBUTES: STRING
LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_DB_TRANS_RMTNC_NUM

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION REMITTANCE NUMBER

SHORT NAME: DB TRANSACTION BILL REMITTANCE NUM

SAS ALIAS: DBTBRN

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
THE BATCH AND SEQUENCE NUMBER THAT UNIQUELY IDENTIFIED THE DDBDBNKR
REMITTANCE TRANSACTION OR THE DDBDRASN ADJUSTMENT TRANSACTION.
THE TRANSACTION'S POSTMARK YEAR IS PREFIXED TO THE BATCH AND
SEQUENCE NUMBER.
THE DDBDBNKR PROGRAM USES THE BATCH/SEQUENCE NUMBER TO SEARCH THE
DIRECT BILLING TRANSACTION FILE FOR DUPLICATE REMITTANCES.

SOURCE: HCFA

EDIT-RULES:

YYBBBBBBSSS

M204-ATTRIBUTES: ORDERED CHARACTER, NON-DEFERRED

LENGTH: 11 (CHARACTER)

EDB NAME: BENE_DB_TRANS_RMTNC_PSTMRK_DT

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION REMITTANCE POSTMARK DATE

SHORT NAME: DB TRANSACTION REMIT POSTMARK DATE

SAS ALIAS: DBTRPD

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A DATE THAT INDICATES THE MONTH AND YEAR THAT A DDBDBNKR REMITTANCE
TRANSACTION OR A DDBDRASN ADJUSTMENT TRANSACTION WAS RECEIVED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK; ALWAYS THE FIRST DAY OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DB_TRANS_TYPE_CD

FULL NAME: BENEFICIARY DIRECT BILL TRANSACTION TYPE CODE

SHORT NAME: DB TRANSACTION TYPE CODE

SAS ALIAS: DBTTC

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A CODE THAT IDENTIFIES THE TYPE OF DIRECT BILL TRANSACTION.

SOURCE: HCFA

CODES:

A = ADJUSTMENT
B = PREMIUM BILLING
E = EVENT
P = PREMIUM ACCRUAL
R = PREMIUM REMITTANCE
N = CARRYOVER BALANCE (**FUTURE**)

M204-ATTRIBUTES: KEY, NON-DEFERRED, PRE-ALLOCATED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DEATH_DT

FULL NAME: BENEFICIARY DEATH DATE

SHORT NAME: DEATH DATE

SAS ALIAS: DEATH

DESCRIPTION:

THE DATE OF A BENEFICIARY'S DEATH.

DATES OF DEATH RECEIVED FROM SSA MAY CONTAIN ONLY A VALID YEAR AND MONTH. IN THESE CASES, THE EDB'S DEATH DATE IS SET TO THE END OF THE MONTH. WHEN A VALID DAY OF DEATH IS RECEIVED FROM SSA OR CWF, THE VRFY_BENE_DEATH_DAY_SW FIELD IS SET TO 'Y'.

SOURCE: SSA/RRB, CWF, HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: ORDERED NUMERIC, DEFERRED, BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_DIB_ENTLMT_DT_JSTFCTN_CD

FULL NAME: BENEFICIARY DIB ENTITLEMENT DATE JUSTIFICATION CODE

SHORT NAME: DIB ENTITLEMENT DATE JUSTIF. CODE

SAS ALIAS: DIBJST

DESCRIPTION:

THE JUSTIFICATION FOR A BENEFICIARY'S PART A AND/OR PART B MEDICARE ENTITLEMENT DATES BASED UPON HIS/HER DISABILITY INSURANCE BENEFITS (DIB) STATUS.

SOURCE: DEVELOPED BY HCFA FROM SSA DATA

CODES:

1 = BENEFICIARY IS ENTITLED TO MEDICARE COVERAGE DUE TO
PRIOR PERIODS OF DISABILITY ENTITLEMENT

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_DNL_RSN_CD

FULL NAME: BENEFICIARY DENIAL REASON CODE

SHORT NAME: DENIAL REASON CODE

SAS ALIAS: DNLRSCD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 10-09-93.)

A CODE THAT INDICATES THE REASON MEDICARE BENEFITS WERE DENIED.

SOURCE: SSA

EDIT-RULES:

BLANK IN NORMAL EDB ACTIVE RECORDS;

PRESENT WHEN SSI_SRC_CD IS NOT BLANK

CODES:

107 = PART B APPLICATION NOT FILED DURING ENROLLMENT PERIOD
(SSI_SRC_CD = 'F')

** THE FOLLOWING CODES ARE OBSOLETE AS OF 1997.

** 103 = NOT A CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED
** FOR PERMANENT U.S. RESIDENCE WHO HAS RESIDED IN THE U.S.
** FOR 5 YEARS OR MORE

** 109 = UNDEFINED HEALTH INSURANCE DENIAL

** 110 = NOT INSURED FOR PART A. USED TO DISALLOW BIC 'T' CLAIMS

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_DO_CD

FULL NAME: BENEFICIARY DISTRICT OFFICE CODE

SHORT NAME: DISTRICT OFFICE CODE

SAS ALIAS: RESDO

DESCRIPTION:

THE DISTRICT OFFICE ASSIGNED TO A BENEFICIARY BY SSA.

SEE SSA POM MANUAL FOR VALUES.

SOURCE: SSA

EDIT-RULES:

OPTIONAL; MAY CONTAIN BLANKS

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_ENRLMT_DLT_SW

FULL NAME: BENEFICIARY ENROLLMENT DELETE SWITCH

SHORT NAME: ENROLLMENT DELETE SWITCH

SAS ALIAS: ENRLDLT

DESCRIPTION:

FOR INACTIVE EDB RECORDS (EDB_REC_IDENT_CD = 'B'),

>Y= INDICATES THAT THE PRE-1976 BENEFICIARY RECORD WAS PURGED FROM
THE INACTIVE MASTER FILE.

FOR ACTIVE EDB RECORDS (EDB_REC_IDENT_CD = 'A'),

>Y= INDICATES THAT THIS RECORD WAS PREVIOUSLY ON THE INACTIVE FILE
AND WAS SUCCESSFULLY RE-ACTIVATED ON THE EDB.

SOURCE: HCFA

CODES:

Y = YES N = NO

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_ENTLMT_RSN_CD

FULL NAME: BENEFICIARY ENTITLEMENT REASON CODE

SHORT NAME: ENTITLEMENT REASON CODE

SAS ALIAS: ERC

DESCRIPTION:

THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEDICARE BENEFITS.

SOURCE:

HCFA (DERIVED FROM SSA/RRB DATA)

CODES:

0 = BENEFICIARY INSURED DUE TO AGE (OASI)

1 = BENEFICIARY INSURED DUE TO DISABILITY

2 = BENEFICIARY INSURED DUE TO END STAGE RENAL DISEASE (ESRD)

3 = BENEFICIARY INSURED DUE TO DISABILITY AND CURRENT ESRD

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_ENTLMT_RSN_CD_CHG_DT

FULL NAME: BENEFICIARY ENTITLEMENT REASON CODE CHANGE DATE

SHORT NAME: ENTITLEMENT REASON CODE CHANGE DATE

SAS ALIAS: ERCBEG

DESCRIPTION:

THE DATE ON WHICH BENE_ENTLMT_RSN_CD CHANGED OR WAS ORIGINALLY
ESTABLISHED ON THE EDB.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD
M204-ATTRIBUTES: BINARY
LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ERLST_ELGBLTY_DT

FULL NAME: BENEFICIARY EARLIEST ELIGIBILITY DATE

SHORT NAME: EARLIEST ELIGIBILITY DATE

SAS ALIAS: DNLERDT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 10-09-93.)

OBSOLETE FIELD AS OF 1997. NO LONGER POPULATED.

A DATE THAT INDICATES THE EARLIEST POTENTIAL DATE OF ENTITLEMENT
TO PART B MEDICARE FOR AN ALIEN RESIDENT OF THE UNITED STATES.

(FOREIGN BORN RESIDENTS MUST RESIDE IN THE USA FOR 5 YEARS
BEFORE THEY BECOME ELIGIBLE FOR MEDICARE BENEFITS.)

THIS DATE IS USED IN CONJUNCTION WITH BENE_DNL_RSN_CD VALUE '103'.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_CVRG_STRT_DT

FULL NAME:

BENEFICIARY END-STAGE RENAL DISEASE COVERAGE START DATE

SHORT NAME: ESRD COVERAGE START DATE

SAS ALIAS: ESRBEG

DESCRIPTION:

THE DATE ON WHICH THE BENEFICIARY IS ENTITLED TO MEDICARE,
IN SOME PART, BECAUSE OF A DIAGNOSIS OF END STAGE RENAL DISEASE.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_CVRG_TRMNTN_DT

FULL NAME:

BENEFICIARY END-STAGE RENAL DISEASE COVERAGE TERMINATION DATE

SHORT NAME: ESRD COVERAGE TERMINATION DATE

SAS ALIAS: ESREND

DESCRIPTION:

THE DATE ON WHICH THE BENEFICIARY IS NO LONGER ENTITLED TO
MEDICARE UNDER ESRD PROVISIONS.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 CHARACTERS

EDB NAME: BENE_ESRD_DLYS_STOP_DT

FULL NAME: BENEFICIARY END-STAGE RENAL DISEASE DIALYSIS STOP DATE

SHORT NAME: ESRD DIALYSIS STOP DATE

SAS ALIAS: ESDYED

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

EDB DATA DICTIONARY

A DATE THAT INDICATES WHEN ESRD DIALYSIS ENDED.
SOURCE: HCFA
EDIT-RULES:
 YYYYMMDD OR BLANK
M204-ATTRIBUTES: BINARY
LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_DLYS_STRT_DT

FULL NAME: BENEFICIARY END-STAGE RENAL DISEASE DIALYSIS START DATE

SHORT NAME: ESRD DIALYSIS START DATE

SAS ALIAS: ESDYSD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES WHEN ESRD DIALYSIS STARTED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_SELF_CARE_TRNG_DT

FULL NAME: BENEFICIARY END-STAGE RENAL DISEASE SELF CARE TRAINING DATE

SHORT NAME: ESRD SELF CARE TRAINING DATE

SAS ALIAS: ESTRNDT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES THE FIRST INSTANCE OF ESRD SELF-CARE TRAINING.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_STRT_DT_SRC_CD

FULL NAME:

BENEFICIARY END-STAGE RENAL DISEASE START DATE SOURCE CODE

SHORT NAME: ESRD COVERAGE SOURCE CODE

SAS ALIAS: ESRSSC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 11/11/94)

THE SOURCE OF THE INFORMATION THAT ESTABLISHES MEDICARE-BASED
END-STAGE RENAL DISEASE COVERAGE.

SOURCE: HCFA

CODES:

A = PART-A AND DIALYSIS TRAINING

B = PART-A AND DIALYZING (NO 3 MONTH WAIT)

C = PART-A AND 3 MONTHS AFTER DIALYSIS

D = PART-A AND FUNCTIONING TRANSPLANT

E = PART-A AND MONTH OF PRE-TRANSPLANT STAY

F = PART-A AND ESRD (VERIFIED SOURCE)

BLANK = NO ESRD INVOLVEMENT

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_ESRD_TRMNTN_DT_RSN_CD

FULL NAME:

BENEFICIARY END-STAGE RENAL DISEASE TERMINATION DATE REASON CODE

SHORT NAME: ESRD COVERAGE TERMINATION REASON

SAS ALIAS: ESRTRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 11/11/94.) A CODE THAT INDICATES THE REASON
MEDICARE-BASED END STAGE RENAL DISEASE COVERAGE WAS TERMINATED.

SOURCE: HCFA

CODES:

A = MONTH OF TRANSPLANT PLUS 36 MONTHS

B = LAST MONTH OF CHRONIC DIALYSIS

C = PART A TERMINATION

D = DEATH

E = ESRD ENDED: OTHER VERIFIED SOURCE

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_ESRD_TRNSPLNT_STOP_DT

FULL NAME: BENEFICIARY END-STAGE RENAL DISEASE TRANSPLANT STOP DATE

SHORT NAME: ESRD TRANSPLANT STOP DATE

SAS ALIAS: ESTPED

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES WHEN A KIDNEY TRANSPLANT FAILED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_ESRD_TRNSPLNT_STRT_DT

FULL NAME: BENEFICIARY END-STAGE RENAL DISEASE TRANSPLANT START DATE

SHORT NAME: ESRD TRANSPLANT START DATE

SAS ALIAS: ESTPSD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES WHEN A KIDNEY TRANSPLANT OPERATION OCCURRED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_GEP_IND_CD

FULL NAME: BENEFICIARY GENERAL ENROLLMENT PERIOD INDICATOR CODE

SHORT NAME: GENERAL ENROLLMENT PERIOD CODE

SAS ALIAS: GEP

DESCRIPTION:

EACH YEAR, HCFA HAS A MEDICARE PART B GENERAL ENROLLMENT PERIOD
(GEP) WHERE IT SOLICITS INDIVIDUALS WHO IN THE PRIOR YEAR REFUSED
PART B COVERAGE, WITHDREW FROM PART B COVERAGE OR TERMINATED
FROM PART B COVERAGE BASED ON NON-PAYMENT OF PREMIUMS. THIS IS AN

EDB DATA DICTIONARY

INDICATION OF WHETHER AN INDIVIDUAL WAS SOLICITED IN A GEP AND IF
THE INDIVIDUAL RESPONDED YES TO THE SOLICITATION.

SOURCE:

HCFA, BENEFICIARY (HCFA 40D FORM)

CODES:

BLANK = NOT SELECTED FOR GEP SOLICITATION

S = SELECTED FOR GEP SOLICITATION

Y = RESPONDED 'YES' TO GEP SOLICITATION

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_GHO_CNTRCT_NUM

FULL NAME: BENEFICIARY GROUP HEALTH ORGANIZATION CONTRACT NUMBER

SHORT NAME: GHO CONTRACT NUMBER

SAS ALIAS: GHOCNT

DESCRIPTION:

A NUMBER IDENTIFYING A PARTICULAR GHO.

USE HCFA'S 'PICS' OR 'BERT' ONLINE SYSTEMS TO ASSOCIATE THE CONTRACTOR NUMBER WITH A GHO PLAN NAME.

SOURCE: HCFA

M204-ATTRIBUTE: ORDERED CHARACTER, DEFERRED

LENGTH: 5 (CHARACTER)

EDB NAME: BENE_GHO_DISENRLMT_DT

FULL NAME:

BENEFICIARY GROUP HEALTH ORGANIZATION DISENROLLMENT DATE

SHORT NAME: GHO DISENROLLMENT DATE

SAS ALIAS: GHOEND

DESCRIPTION:

THE DATE THAT A BENEFICIARY'S ENROLLMENT IN A GROUP HEALTH ORGANIZATION TERMINATES.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_GHO_ENRLMT_STRT_DT

FULL NAME:

BENEFICIARY GROUP HEALTH ORGANIZATION ENROLLMENT START DATE

SHORT NAME: GHO ENROLLMENT START DATE

SAS ALIAS: GHOBEG

ALIAS: HMO EFFECTIVE DATE

DESCRIPTION:

THE DATE THAT A BENEFICIARY'S ENROLLMENT IN A GHO, AS INDICATED BY BENE_GHO_CNTRCT_NUM, IS EFFECTIVE.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_GHO_LKIN_PMT_OPTN_CD

FULL NAME: BENEFICIARY GHO LOCK-IN PAYMENT OPTION CODE

SHORT NAME: GHO LOCK-IN PAYMENT OPTION CODE

SAS ALIAS: GHOLKN

DESCRIPTION:

THE GROUP HEALTH ORGANIZATION (GHO) LOCK-IN ENROLLMENT STATUS OF A BENEFICIARY, AND THE SOURCE OF REIMBURSEMENT FOR GHO PROVIDER SERVICES.

SOURCE: HCFA

CODES:

A = RISK PLAN, LOCKED-IN BENE - HCFA PROCESSES ALL PROVIDER CLAIMS

EDB DATA DICTIONARY

B = RISK PLAN, LOCKED-IN BENE - GH0 PROCESSES ONLY IN-PLAN
PART A CLAIMS AND IN-AREA PART B CLAIMS

C = RISK PLAN, LOCKED-IN BENE - GH0 PROCESSES ALL PART A AND
PART B CLAIMS

1 = NON-LOCKED-IN BENE - HCFA PROCESSES ALL PROVIDER CLAIMS

2 = NON-LOCKED-IN BENE - GH0 PROCESSES ONLY IN-PLAN PART A CLAIMS
AND IN-AREA PART B CLAIMS

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_GVN_NAME

FULL NAME: BENEFICIARY GIVEN NAME

SHORT NAME: FIRST NAME

SAS ALIAS: GVNNAME

DESCRIPTION:

THE FIRST NAME OF THE MEDICARE BENEFICIARY

SOURCE: SSA/RRB

EDIT-RULES:

NON-BLANK

M204-ATTRIBUTE: ORDERED CHARACTER, DEFERRED

LENGTH: 15 (CHARACTER)

EDB NAME: BENE_HCFA_DIB_ENTLMT_END_DT

FULL NAME: BENEFICIARY HCFA DISABILITY ENTITLEMENT END DATE

SHORT NAME: HCFA DIB ENTITLEMENT END DATE

SAS ALIAS: DIBEND

DESCRIPTION:

THE DATE THAT MEDICARE BENEFITS DUE TO DISABILITY END FOR A
BENEFICIARY WHO WAS COVERED BY THE SSA DISABILITY PROGRAM.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_HCFA_DIB_ENTLMT_STRT_DT

FULL NAME: BENEFICIARY HCFA DISABILITY ENTITLEMENT START DATE

SHORT NAME: HCFA DIB ENTITLEMENT START DATE

SAS ALIAS: DIBBEG

DESCRIPTION:

THE DATE THAT A BENEFICIARY COVERED BY THE SSA DISABILITY PROGRAM
BECOMES ENTITLED TO MEDICARE BENEFITS.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD (MAY CONTAIN 00000000)

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_HOSPC_CVRG_PRCSG_DT

FULL NAME: BENEFICIARY HOSPICE COVERAGE PROCESSING DATE

SHORT NAME: HOSPICE COVERAGE PROCESSING DATE

SAS ALIAS: HSPPRC

DESCRIPTION:

THE DATE THE HOSPICE RELATION WAS UPDATED ON THE EDB BY THE ETUDAMH PROGRAM.

SOURCE: CWF

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_HOSPC_CVRG_STRT_DT

FULL NAME: BENEFICIARY HOSPICE COVERAGE START DATE

SHORT NAME: HOSPICE COVERAGE START DATE

SAS ALIAS: HSPBEG

DESCRIPTION:

THE ELECTED START DATE OF A BENEFICIARY'S PERIOD OF HOSPICE COVERAGE.

SOURCE: CWF

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_HOSPC_CVRG_TRMNTN_DT

FULL NAME: BENEFICIARY HOSPICE COVERAGE TERMINATION DATE

SHORT NAME: HOSPICE COVERAGE TERMINATION DATE

SAS ALIAS: HSPEND

DESCRIPTION:

THE TERMINATION DATE OF A BENEFICIARY'S PERIOD OF HOSPICE COVERAGE.

SOURCE: CWF

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTE: BINARY

LENGTH: 8 (CHARACTER)

VIEW NAME: BENE_IDENT_CD **

FULL NAME: BENEFICIARY IDENTIFICATION CODE

SHORT NAME: BENE IDENT CODE

SAS ALIAS: BIC

ALIAS: BIC

DESCRIPTION:

(**THIS FIELD IS PART OF BENE_CLM_NUM.

IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)

A CODE THAT IS USED IN CONJUNCTION WITH THE BENE_CLM_ACNT_NUM TO UNIQUELY IDENTIFY A MEDICARE BENEFICIARY. THE BIC CODE ESTABLISHES THE BENEFICIARY'S RELATIONSHIP TO A PRIMARY SOCIAL SECURITY ADMINISTRATION (SSA) OR RAILROAD BOARD (RRB) WAGE EARNER AND IS USED TO JUSTIFY ENTITLEMENT TO MEDICARE BENEFITS.

SOURCE: SSA/RRB

EDIT-RULES:

REQUIRED FIELD

CODES:

SSA:

A = PRIMARY CLAIMANT
 B = AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
 B1 = AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT)
 B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
 (1ST CLAIMANT)
 B3 = AGED WIFE (2ND CLAIMANT)
 B4 = AGED HUSBAND (2ND CLAIMANT)
 B5 = YOUNG WIFE (2ND CLAIMANT)
 B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
 B7 = YOUNG WIFE (3RD CLAIMANT)
 B8 = AGED WIFE (3RD CLAIMANT)
 B9 = DIVORCED WIFE (2ND CLAIMANT)
 BA = AGED WIFE (4TH CLAIMANT)
 BD = AGED WIFE (5TH CLAIMANT)
 BG = AGED HUSBAND (3RD CLAIMANT)
 BH = AGED HUSBAND (4TH CLAIMANT)
 BJ = AGED HUSBAND (5TH CLAIMANT)
 BK = YOUNG WIFE (4TH CLAIMANT)
 BL = YOUNG WIFE (5TH CLAIMANT)
 BN = DIVORCED WIFE (3RD CLAIMANT)
 BP = DIVORCED WIFE (4TH CLAIMANT)
 BQ = DIVORCED WIFE (5TH CLAIMANT)
 BR = DIVORCED HUSBAND (1ST CLAIMANT)
 BT = DIVORCED HUSBAND (2ND CLAIMANT)
 BW = YOUNG HUSBAND (2ND CLAIMANT)
 BY = YOUNG HUSBAND (1ST CLAIMANT)
 C1-C9,CA-CZ = CHILD (INCLUDES MINOR, STUDENT
 OR DISABLED CHILD)
 D = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
 D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
 CLAIMANT)
 D2 = AGED WIDOW (2ND CLAIMANT)
 D3 = AGED WIDOWER (2ND CLAIMANT)
 D4 = WIDOW (REMARIED AFTER ATTAINMENT OF
 AGE 60) (1ST CLAIMANT)
 D5 = WIDOWER (REMARIED AFTER ATTAINMENT OF
 AGE 60) (1ST CLAIMANT)

EDB DATA DICTIONARY

D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
(1ST CLAIMANT)
D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
D8 = AGED WIDOW (3RD CLAIMANT)
D9 = REMARRIED WIDOW (2ND CLAIMANT)
DA = REMARRIED WIDOW (3RD CLAIMANT)
DC = SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
DD = AGED WIDOW (4TH CLAIMANT)
DG = AGED WIDOW (5TH CLAIMANT)

BENE_IDENT_CD...CONTINUED

DH = AGED WIDOWER (3RD CLAIMANT)
DJ = AGED WIDOWER (4TH CLAIMANT)
DK = AGED WIDOWER (5TH CLAIMANT)
DL = REMARRIED WIDOW (4TH CLAIMANT)
DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
DN = REMARRIED WIDOW (5TH CLAIMANT)
DP = REMARRIED WIDOWER (2ND CLAIMANT)
DQ = REMARRIED WIDOWER (3RD CLAIMANT)
DR = REMARRIED WIDOWER (4TH CLAIMANT)
DS = SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)
DT = REMARRIED WIDOWER (5TH CLAIMANT)
DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
DX = SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)
DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
DZ = SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)
E = MOTHER (WIDOW) (1ST CLAIMANT)
E1 = SURVIVING DIVORCED MOTHER (1ST CLAIMANT)
E2 = MOTHER (WIDOW) (2ND CLAIMANT)
E3 = SURVIVING DIVORCED MOTHER (2ND CLAIMANT)
E4 = FATHER (WIDOWER) (1ST CLAIMANT)
E5 = SURVIVING DIVORCED FATHER (WIDOWER)
 (1ST CLAIMANT)
E6 = FATHER (WIDOWER) (2ND CLAIMANT)
E7 = MOTHER (WIDOW) (3RD CLAIMANT)
E8 = MOTHER (WIDOW) (4TH CLAIMANT)
E9 = SURVIVING DIVORCED FATHER (WIDOWER)
 (2ND CLAIMANT)
EA = MOTHER (WIDOW) (5TH CLAIMANT)
EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
EF = FATHER (WIDOWER) (3RD CLAIMANT)
EG = FATHER (WIDOWER) (4TH CLAIMANT)
EH = FATHER (WIDOWER) (5TH CLAIMANT)
EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
F1 = FATHER
F2 = MOTHER
F3 = STEPFATHER
F4 = STEPMOTHER
F5 = ADOPTING FATHER
F6 = ADOPTING MOTHER
F7 = SECOND ALLEGED FATHER
F8 = SECOND ALLEGED MOTHER
J1 = PRIMARY PROUTY ENTITLED TO HIB
 (LESS THAN 3 Q.C.) (GENERAL FUND)
J2 = PRIMARY PROUTY ENTITLED TO HIB
 (OVER 2 Q.C.) (RSI TRUST FUND)
J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
 (LESS THAN 3 Q.C.) (GENERAL FUND)
J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
 (OVER 2 Q.C.) (RSI TRUST FUND)

BENE_IDENT_CD...CONTINUED

K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
 K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
 K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
 K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
 K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
 K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
 K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
 K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
 K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
 KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
 KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
 KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
 KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
 KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
 (4TH CLAIMANT)
 KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.)(4TH CLAIMANT)
 KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.)(4TH CLAIMANT)
 KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.)(5TH CLAIMANT)
 KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
 Q.C.) (5TH CLAIMANT)
 KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.)(5TH CLAIMANT)
 KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.) (5TH CLAIMANT)
 M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
 M1 = UNINSURED-QUALIFIED FOR BUT REFUSED HIB
 T = UNINSURED-ENTITLED TO HIB UNDER DEEMED
 OR RENAL PROVISIONS
 TA = MQGE (PRIMARY CLAIMANT)
 TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
 TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
 TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
 TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
 TF = MQGE PARENT (MALE)
 TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
 TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
 TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)

EDB DATA DICTIONARY

TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
TQ = MQGE PARENT (FEMALE)
TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)

BENE_IDENT_CD...CONTINUED

TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
 TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
 TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
 TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
 TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
 T2-T9 = DISABLED CHILD (SECOND TO NINTH
 CLAIMANT)
 W = DISABLED WIDOW, AGE 50 OR OVER (1ST
 CLAIMANT)
 W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
 CLAIMANT)
 W2 = DISABLED WIDOW (2ND CLAIMANT)
 W3 = DISABLED WIDOWER (2ND CLAIMANT)
 W4 = DISABLED WIDOW (3RD CLAIMANT)
 W5 = DISABLED WIDOWER (3RD CLAIMANT)
 W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
 CLAIMANT)
 W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
 CLAIMANT)
 W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
 CLAIMANT)
 W9 = DISABLED WIDOW (4TH CLAIMANT)
 WB = DISABLED WIDOWER (4TH CLAIMANT)
 WC = DISABLED SURVIVING DIVORCED WIFE (4TH
 CLAIMANT)
 WF = DISABLED WIDOW (5TH CLAIMANT)
 WG = DISABLED WIDOWER (5TH CLAIMANT)
 WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
 CLAIMANT)
 WR = DISABLED SURVIVING DIVORCED HUSBAND
 (1ST CLAIMANT)
 WT = DISABLED SURVIVING DIVORCED HUSBAND
 (2ND CLAIMANT)

RRB:

10 = RETIREMENT - EMPLOYEE OR ANNUITANT
 80 = RR PENSIONER (AGE OR DISABILITY)
 14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT (HUSBAND OR WIFE)
 84 = SPOUSE OF RR PENSIONER
 17 = DISABLED ADULT CHILD OF RR ANNUITANT
 16 = WIDOW/WIDOWER OF RR ANNUITANT
 46 = WIDOW/WIDOWER OF RR EMPLOYEE
 86 = WIDOW/WIDOWER OF RR PENSIONER
 13 = CHILD OF RR ANNUITANT; OR
 WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
 43 = CHILD OF RR EMPLOYEE; OR
 WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
 83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
 15 = PARENT OF ANNUITANT
 45 = PARENT OF EMPLOYEE
 85 = PARENT OF PENSIONER
 11 = SURVIVOR, JOINT ANNUITANT
 (REduced BENEFITS TAKEN TO INSURE BENEFITS FOR

EDB DATA DICTIONARY

A SURVIVING SPOUSE)

NOTE: EMPLOYEE: A MEDICARE BENEFICIARY WHO IS STILL WORKING
OR A WORKER WHO DIED BEFORE RETIREMENT
ANNUITANT: A PERSON WHO RETIRED UNDER THE RAILROAD ACT
AFTER 03/01/1937
PENSIONER: A PERSON WHO RETIRED PRIOR TO 03/01/1937
AND WAS INCLUDED IN THE RR RETIREMENT ACT.

BENE_IDENT_CD...CONTINUED

EQUATABLE BIC CATEGORIES:

(USED IN THE COBOL HIBICEQT MODULE AND THE M204 BIC.EQUATE MODULE)

(**MQGE BICS EQUATE TO MALE AND FEMALE NORMAL BICS)

(MQGE BICS)

1. PRIMARY:

A , J1, J2, J3, J4, M , M1, T (TA)

2. FIRST CLAIMANTS:

FEMALE	* MALE	
B , B2, B6, D ,	* B1, BR, BY, D1,	(TB, TD, TE, TW)
D4, D6, E , E1,	* D5, DC, E4, E5	
K1, K2, K3, K4,	* W1, WR	
W , W6	*	

3. SECOND CLAIMANTS:

FEMALE	* MALE	
B3, B5, B9, D2,	* B4, BT, BW, D3,	(TG, TL, TR, TX)
D7, D9, E2, E3,	* DM, DP, E6, E9,	
K5, K6, K7, K8,	* W3, WT	
W2, W7	*	

4. THIRD CLAIMANTS:

FEMALE	* MALE	
B7, B8, BN, D8,	* BG, DH, DQ, DS,	(TH, TM, TS, TY)
DA, DV, E7, EB,	* EF, EJ, W5	
K9, KA, KB, KC,	*	
W4, W8	*	

5. FOURTH CLAIMANTS:

FEMALE	* MALE	
BA, BK, BP, DD,	* BH, DJ, DR, DX,	(TJ, TN, TT, TZ)
DL, DW, E8, EC,	* EG, EK, WB	
KD, KE, KF, KG,	*	
W9, WC	*	

6. FIFTH CLAIMANTS:

FEMALE	* MALE	
BD, BL, BQ, DG,	* BJ, DK, DT, DZ,	(TK, TP, TU, TV)
DN, DY, EA, ED,	* EH, EM, WG	
KH, KJ, KL, KM,	*	
WF, WJ	*	

7. THE FOLLOWING BICS ARE NOT EQUATABLE TO ANY OTHER BICS
AND THEY ARE NOT EQUATABLE TO EACH OTHER (EXCEPT MQGE, AS NOTED)
F1-F8

(TF)

(TQ)

C1 <---EQUATABLE---> (TC)

C2-C9 <---EQUATABLE---> (T2-T9)

CA-CZ

8. 14, 16

9. 84, 86

10. 13, 17

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_KILL_CRED_XREF_CD

FULL NAME: BENEFICIARY KILL CREDIT CROSS-REFERENCE CODE

SHORT NAME: KILL CREDIT

SAS ALIAS: XRFKC

DESCRIPTION:

INDICATES HOW TO MOVE A BENEFICIARY'S MEDICARE RECORD FROM ONE ACCOUNT NUMBER TO ANOTHER; I.E., WHETHER TO MOVE THE NUMBER VIA A CROSS-REFERENCE ACTION OR KILL-CREDIT ACTION.

A KILL CREDIT INDICATES AN INVALID CROSS REFERENCE NUMBER THAT SHOULD NOT HAVE BEEN ASSOCIATED WITH THIS EDB RECORD.

SOURCE: SSA/RRB, HCFA

CODES:

1 = KILL CREDIT

2 = CROSS-REFERENCE

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_LANG_PREFNC_CD

FULL NAME: BENEFICIARY LANGUAGE PREFERENCE CODE

SHORT NAME: BENE LANGUAGE PREFERENCE CODE

SAS ALIAS: LANGPREF

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A CODE THAT IDENTIFIES THE LANGUAGE THAT THE BENEFICIARY REQUESTED HCFA TO USE WHEN SENDING THE MEDICARE HANDBOOK. (ENGLISH AND SPANISH ARE THE ONLY LANGUAGE CHOICES THAT HCFA SUPPORTS.)

SOURCE: HCFA (BENEFICIARY MAIL-IN OR PHONE CALL)

CODES:

BLANK = NO PREFERENCE SPECIFIED: OTHER CRITERIA MUST BE USED TO DECIDE WHICH LANGUAGE TO USE FOR THE MEDICARE HANDBOOK.

E = ENGLISH REQUESTED

S = SPANISH REQUESTED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_MDCR_CARD_RQST_DT

FULL NAME: BENEFICIARY MEDICARE CARD REQUEST DATE

SHORT NAME: MEDICARE CARD REQUEST DATE

SAS ALIAS: MDCRRQDT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95.)

THE LAST DATE ON WHICH EITHER A CLERICAL REQUEST WAS MADE FOR A MEDICARE HI CARD OR CHANGES IN ENTITLEMENT REQUIRED THAT A NEW CARD BE ISSUED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_MDCR_CARD_TYPE_CD

FULL NAME: BENEFICIARY MEDICARE CARD TYPE CODE

SHORT NAME: MEDICARE CARD TYPE CODE

SAS ALIAS: MDCRCARD

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF MEDICARE CARD TO BE PRODUCED
FOR A BENEFICIARY.

SOURCE: HCFA

CODES:

R = PART A ENTITLEMENT HAS TERMINATED, BUT PART B ENTITLEMENT
REMAINS OPEN. (SET BY DIRECT BILLING TERMINATION EDITS.)

S = PART B ENTITLEMENT HAS TERMINATED, BUT PART A ENTITLEMENT
REMAINS OPEN. (SET BY DIRECT BILLING TERMINATION EDITS.
ALSO SET IN THE CER PROGRAM.)

V = FOREIGN OR PUERTO RICAN ENROLLMENT. (SET IN THE CER PROGRAM.)

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_MDCR_STUS_CD

FULL NAME: BENEFICIARY MEDICARE STATUS CODE

SHORT NAME: MEDICARE STATUS CODE

SAS ALIAS: MDCST

DESCRIPTION:

THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEDICARE BENEFITS,
AS OF A PARTICULAR DATE, BROKEN DOWN BY THE FOLLOWING CATEGORIES:
OASI, DISABLED, AND ESRD, AND BY APPROPRIATE COMBINATIONS OF THESE
CATEGORIES.

SOURCE: HCFA

DERIVATION:

BENE_MDCR_STUS_CD IS DERIVED FROM THE FOLLOWING:

- (1) ENTITLEMENT BASED ON OASI
- (2) ENTITLEMENT BASED ON DISABILITY
- (3) ENTITLEMENT BASED ON ESRD (299I)

THE BENE_MDCR_STUS_CD WILL BE ASSIGNED BASED ON THE FOLLOWING
DECISION LOGIC TABLE. THE TERM 'N/A' IN A COLUMN INDICATES THAT THE
PARTICULAR CONDITION AS NOTED BY THE COLUMN DOES NOT AFFECT THE
VALUE OF THE BENE_MDCR_STUS_CD. ALL INFORMATION WILL BE VALUED
AS OF A GIVEN REFERENCE DATE.

BENE_MDCR OASI(1) DISABLED(2) ESRD(3)
_STUS_CD

10	YES	N/A	NO
11	YES	N/A	YES
20	NO	YES	NO
21	NO	YES	YES
31	NO	NO	YES

CODES:

- 10 = AGED WITHOUT ESRD
- 11 = AGED WITH ESRD
- 20 = DISABLED WITHOUT ESRD
- 21 = DISABLED WITH ESRD
- 31 = ESRD ONLY

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_MDCR_STUS_CD_CHG_DT

FULL NAME: BENEFICIARY MEDICARE STATUS CODE CHANGE DATE

SHORT NAME: MEDICARE STATUS CODE CHANGE DATE

SAS ALIAS: MDCBEG

DESCRIPTION:

THE DATE ON WHICH THE BENE_MDCR_STATUS_CD CHANGED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_MDL_NAME

FULL NAME: BENEFICIARY MIDDLE NAME

SHORT NAME: MIDDLE INITIAL

SAS ALIAS: MDLNAME

DESCRIPTION:

THE FIRST POSITION (LETTER) OF A BENEFICIARY'S MIDDLE NAME.

SOURCE: SSA/RRB

EDIT-RULES:

OPTIONAL: MAY CONTAIN BLANK

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_MEDIA_PREFNC_CD

FULL NAME: BENEFICIARY MEDIA PREFERENCE CODE

SHORT NAME: BENE MEDIA PREFERENCE CODE

SAS ALIAS: MEDPREF

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A CODE THAT IDENTIFIES THE TYPE OF MEDIA THAT THE BENEFICIARY
PREFERS HCFA TO USE WHEN SENDING THE MEDICARE HANDBOOK.

SOURCE: HCFA (BENEFICIARY MAIL-IN OR PHONE CALL)

CODES:

BLANK = NO PREFERENCE SPECIFIED: OTHER CRITERIA MUST BE USED TO
DECIDE WHICH TYPE OF MEDIA TO USE FOR THE MEDICARE HANDBOOK.

A = AUDIO (CASSETTE TAPE)

B = BRAILLE

H = HANDBOOK

L = LARGE PRINT HANDBOOK

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_MLG_CNTCT_ADR

FULL NAME: BENEFICIARY MAILING CONTACT ADDRESS

SHORT NAME: MAILING ADDRESS

SAS ALIAS: ADDR

DESCRIPTION:

THE MAILING ADDRESS WHERE THE BENEFICIARY OR THE BENEFICIARY'S REPRESENTATIVE PAYEE CAN BE CONTACTED. AN EDB RECORD CAN CONTAIN UP TO SIX LINES OF ADDRESS. THE ADDRESS DOES NOT INCLUDE THE ZIP CODE. THE ZIP CODE IS STORED IN A SEPARATE FIELD ON THE EDB. THE EDB'S ADDRESS MAY ALSO INCLUDE UP TO FIVE PAYMENT NAME LINES FROM SSA'S MBR DATABASE.

IF THE BENEFICIARY HAS A REPRESENTATIVE PAYEE
(BENE_RPRSNTV_PYE_SW = 'Y'), THEN ALL THE SSA PAYMENT NAME LINES
ARE INCLUDED IN THE EDB'S ADDRESS.
(THE BENE_ADR_NAME_LINE_CNT IS SET TO ZERO.)

IF THE BENEFICIARY DOES NOT HAVE A REPRESENTATIVE PAYEE:
1) IF THE NUMBER OF PAYMENT NAME LINES ON SSA'S MBR IS GREATER
THAN ONE, OR 2) IF THE NAME HOUSED IN THE PAYMENT NAME LINES IS
DETERMINED TO BE DISCREPANT BY HCFA EDITS, THEN ALL OF SSA'S
PAYMENT NAME LINES ARE INCLUDED IN THE EDB'S ADDRESS, AND THE
BENE_ADR_NAME_LINE_CNT IS SET EQUAL TO THE NUMBER OF PAYMENT NAME
LINES. IN ALL OTHER CASES, NO SSA PAYMENT NAME LINES ARE INCLUDED
IN THE EDB'S ADDRESS AND THE BENE_ADR_NAME_LINE_CNT IS SET TO ZERO.

SOURCE: SSA/RRB

EDIT-RULES:

AN UNKNOWN ADDRESS IS SPECIFIED AS 'UNK ' IN THE FIRST
ADDRESS LINE.

LENGTH: 22 (CHARACTER) (0 - 6 OCCURRENCES)

EDB NAME: BENE_MLG_CNTCT_ZIP_CD

FULL NAME: BENEFICIARY MAILING CONTACT ZIP CODE

SHORT NAME: MAILING ADDRESS ZIP CODE

SAS ALIAS: RESZIP

DESCRIPTION:

THE ZIP CODE OF THE MAILING ADDRESS WHERE THE BENEFICIARY MAY BE
CONTACTED.

SOURCE: SSA/RRB

EDIT-RULES:

A LEFT JUSTIFIED 3 POSITION CODE INDICATES A FOREIGN CONSULAR CODE.
CAN ALSO CONTAIN A LEFT JUSTIFIED 5 POSITION ZIP CODE.

LENGTH: 9 (CHARACTER)

EDB NAME: BENE_PRMRY_PYR_CD

FULL NAME: BENEFICIARY PRIMARY PAYER CODE

SHORT NAME: PRIMARY PAYER CODE

SAS ALIAS: PPCD

DESCRIPTION:

A CODE THAT INDICATES WHICH OTHER FEDERAL PROGRAMS OR INSURANCE SOURCES ARE REQUIRED BY LAW TO PAY THEIR SHARE OF A MEDICARE BENEFICIARY'S MEDICAL CLAIMS BEFORE HCFA FUNDS CAN BE USED. THESE INSURANCE SOURCES ARE CALLED 'PRIMARY PAYERS'. WHEN A BENEFICIARY HAS A PRIMARY PAYER, HCFA BECOMES THE 'SECONDARY PAYER' OF MEDICARE CLAIMS.

SOURCE: SSA, CWF, VA, DOL

CODES:

A = WORKING AGED BENE/SPOUSE WITH AN EMPLOYER
GROUP HEALTH PLAN (EGHP)
B = END STAGE RENAL DISEASE (ESRD) BENEFICIARY
IN THE 18 MONTH COORDINATION PERIOD WITH
AN EMPLOYER GROUP HEALTH PLAN
C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE
REIMBURSEMENT EXPECTED
D = AUTOMOBILE INSURANCE
E = WORKERS' COMPENSATION
F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY
(OTHER THAN DEPT. OF VETERANS AFFAIRS)
G = WORKING DISABLED
H = BLACK LUNG
I = DEPT. OF VETERANS AFFAIRS
L = LIABILITY INSURANCE
1 = POTENTIAL WORKERS' COMPENSATION
2 = POTENTIAL BLACK LUNG
3 = POTENTIAL DEPT. OF VETERANS AFFAIRS
BLANK = MEDICARE IS PRIMARY PAYER

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PRMRY_PYR_ENTLMT_END_DT

FULL NAME: BENEFICIARY PRIMARY PAYER ENTITLEMENT END DATE

SHORT NAME: PRIMARY PAYER ENTITLEMENT END DATE

SAS ALIAS: PPEND

DESCRIPTION:

THE DATE THAT INDICATES THE LAST DAY OF COVERAGE BY A PARTICULAR PRIMARY PAYER. PRIMARY PAYERS ARE FEDERAL PROGRAMS OR INSURANCE AGENCIES WHO ARE REQUIRED BY LAW TO PAY THEIR SHARE OF A MEDICARE BENEFICIARY'S MEDICAL CLAIMS BEFORE HCFA FUNDS CAN BE USED.

SOURCE: SSA, CWF, DOL, VA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PRMRY_PYR_ENTLMT_STRT_DT

FULL NAME: BENEFICIARY PRIMARY PAYER ENTITLEMENT START DATE

SHORT NAME: PRIMARY PAYER ENTITLEMENT START DATE

SAS ALIAS: PPBEG

DESCRIPTION:

THE DATE THAT INDICATES THE FIRST DAY OF COVERAGE BY A PARTICULAR PRIMARY PAYER. PRIMARY PAYERS ARE FEDERAL PROGRAMS OR INSURANCE AGENCIES WHO ARE REQUIRED BY LAW TO PAY THEIR SHARE OF A MEDICARE BENEFICIARY'S MEDICAL CLAIMS BEFORE HCFA FUNDS CAN BE USED.

SEE BENE_PRMRY_PYR_CD FOR A LIST OF PRIMARY PAYERS.

SOURCE: SSA, CWF, DOL, VA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PRMRY_PYR_PRCSG_DT

FULL NAME: BENEFICIARY PRIMARY PAYER PROCESSING DATE

SHORT NAME: PRIMARY PAYER PROCESSING DATE

SAS ALIAS: PPPRC

DESCRIPTION:

DATE THAT THE CWF-PROVIDED PRIMARY PAYER INFORMATION WAS WRITTEN TO THE EDB.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PRMRY_PYR_SRC_CD

FULL NAME: BENEFICIARY PRIMARY PAYER SOURCE CODE

SHORT NAME: PRIMARY PAYER SOURCE CODE

SAS ALIAS: PPSRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 11/11/94)

THE CODE INDICATING THE SOURCE OF THE PRIMARY PAYER INFORMATION USED BY THE OFFICE OF MANAGED CARE TO MONITOR THE WORKING AGED INFORMATION.

SOURCE: CWF

EDIT-RULES:

MAY CONTAIN BLANKS

CODES:

TBA

LENGTH: 5 (CHARACTER)

EDB NAME: BENE_PSC_CD

FULL NAME: BENEFICIARY PROGRAM SERVICE CENTER CODE

SHORT NAME: PROGRAM SERVICE CENTER CODE

SAS ALIAS: PSC

DESCRIPTION:

THE PROGRAM SERVICE CENTER (PSC) WHERE A BENEFICIARY'S SOCIAL SECURITY CLAIM ACCOUNT FOLDER IS MAINTAINED.

EDB DATA DICTIONARY

SOURCE: SSA

CODES:

1 = NEW YORK (NEPSC)	5 = SAN FRANCISCO (WNPSC)
2 = PHILADELPHIA (MATPSC)	6 = KANSAS CITY (MAMPSC)
3 = BIRMINGHAM (SEPSC)	7 = BALTIMORE (ODO)
4 = CHICAGO (GLPSC)	8 = BALTIMORE (INTPSC)
BLANK = N/A	

M204-ATTRIBUTES: PRE-ALLOCATED

LENGTH: 1 (CHARACTER)

VIEW NAME: BENE_PTA_DB_MNTHLY_BAL_AMT **

FULL NAME: BENEFICIARY PART A DIRECT BILL MONTHLY BALANCE AMOUNT

SHORT NAME: PART A DB MONTHLY BALANCE AMT

SAS ALIAS: PTARB

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.) (**THIS FIELD IS PART OF BENE_PTA_DB_RCVBL_TB. IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB. IT IS ALWAYS ASSOCIATED WITH THE BILLING DATE MONTH: BENE_PTA_DB_RCVBL_MO_DT.) FOR DIRECT BILLING BENEFICIARIES: THE PART A RECEIVABLE AMOUNT THAT WAS BILLED THAT MONTH TO A BENEFICIARY'S ACCOUNT AND HAS NOT YET BEEN RELIEVED BY A PAYMENT. WHEN A BENEFICIARY SENDS A PAYMENT, THE MONEY IS APPLIED TO THE OLDEST EXISTING RECEIVABLE AMOUNT UNTIL THAT RECEIVABLE AMOUNT IS REDUCED TO ZERO.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

LENGTH: 4 (PACKED DECIMAL)

EDB NAME: BENE_PTA_DB_PRD_PRM_DUE_AMT

FULL NAME: BENEFICIARY PART A DIRECT BILL PERIOD PREMIUM DUE AMOUNT

SHORT NAME: PART A DIRECT BILL PREM DUE AMT

SAS ALIAS: PTAPDA

ALIAS: CPDAH

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.) SOME MEDICARE BENEFICIARIES ARE NOT ENTITLED TO FREE PART A AND MUST PAY THEIR MEDICARE PREMIUM DIRECTLY TO HCFA. FOR THESE BENEFICIARIES, THIS FIELD CONTAINS THE MEDICARE PART A PREMIUM AMOUNT THAT IS OWED THRU THE CURRENT OPERATING MONTH. A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA. A POSITIVE AMOUNT INDICATES AN OVERPAYMENT OF PREMIUMS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_PTA_DB_PRD_PRM_QSTNBL_AMT

FULL NAME: BENEFICIARY PART A DIRECT BILL PERIOD PREMIUM QUESTIONABLE AMOUNT

SHORT NAME: PART A DB PREM QUESTIONABLE AMT

SAS ALIAS: PTAPQA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.) THE PORTION OF A PART A DIRECT BILLED BENEFICIARY'S PREMIUM DUE AMOUNT THAT IS JUDGED TO BE QUESTIONABLE DUE TO OLD SYSTEMS PROBLEMS OR CHANGES TO THE DIRECT BILL START OR STOP DATE. IF THE CALCULATED PREMIUM DUE AMOUNT IS GREATER THAN THREE MONTH'S PREMIUMS, IT IS CONSIDERED TO BE QUESTIONABLE. A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA.

EDB DATA DICTIONARY

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_PTA_DB_RCVBL_BAL_AMT

FULL NAME: BENEFICIARY PART A DIRECT BILL RECEIVABLE BALANCE AMOUNT

SHORT NAME: PART A DB RECEIVABLE BALANCE

SAS ALIAS: PTABAL

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
FOR DIRECT BILLED BENEFICIARIES: THE TOTAL OUTSTANDING MONEY AMOUNT
THAT WAS BILLED FOR PART A PREMIUMS AND THAT HAS NOT BEEN SATISFIED
BY EITHER A PAYMENT OR A CREDIT ADJUSTMENT. THIS RECEIVABLE BALANCE
CAN INCLUDE PROSPECTIVE AMOUNTS THAT WERE BILLED FOR FUTURE MONTHS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

VIEW NAME: BENE_PTA_DB_RCVBL_MO_DT **

FULL NAME: BENEFICIARY PART A DIRECT BILL RECEIVABLE MONTH DATE

SHORT NAME: PART A DB RECEIVABLE MONTH

SAS ALIAS: PTARM

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
(**THIS FIELD IS PART OF BENE_PTA_DB_RCVBL_TB.
IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)
FOR DIRECT BILLED BENEFICIARIES: THIS DATE REFLECTS THE MONTH THAT
A BILL WAS MAILED TO A BENEFICIARY AND IS ASSOCIATED WITH THE
PART A RECEIVABLE AMOUNT THAT WAS BILLED FOR THAT MONTH.
THIS DATE IS DETERMINED BY THE DDBMBIL* BILLING PROGRAM AND IT IS
ALWAYS EQUAL TO THE NEW DIRECT BILL OPERATING MONTH MINUS ONE MONTH
(HOM - 1MONTH).

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTA_DB_RCVBL_TB

FULL NAME: BENEFICIARY PART A DIRECT BILL RECEIVABLE TABLE

SHORT NAME: PART A DB RECEIPTS MONTHLY TABLE

SAS ALIAS: PTARMT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
SEE BENE_PTA_DB_RCVBL_BAL_AMT.
FOR DIRECT BILLED BENEFICIARIES: A TABLE THAT CAN CONTAIN UP TO SIX
ROWS. EACH ROW INCLUDES A DATE (YYYYMM) THAT REPRESENTS THE MONTH
THAT A BILL WAS MAILED AND THE PART B RECEIVABLE AMOUNT THAT WAS
BILLED FOR THAT MONTH. THE ROWS ARE IN SEQUENCE BY DATE.
THE RECEIVABLE AMOUNTS ARE ALWAYS NEGATIVE.
WHEN PAYMENTS OR CREDIT ADJUSTMENTS RELIEVE A ROW'S RECEIVABLE
BALANCE TO ZERO, THE ROW IS DELETED FROM THE TABLE AND LATER ROWS
ARE SHIFTED. THE SUM OF THE TABLE'S RECEIVABLE AMOUNTS EQUALS
THE BENE_PTA_DB_RCVBL_BAL_AMT.

SOURCE: HCFA

EDB DATA DICTIONARY

EDIT-RULES:

A SIX ROW TABLE IN ASCENDING ORDER BY DATE.

EACH ROW CONTAINS A DATE (YYYYMM) AND A PACKED DECIMAL

NEGATIVE OR ZERO MONEY AMOUNT (S9(5)V99).

LENGTH: 60 (CHARACTER) (10 X 6)

EDB NAME: BENE_PTA_ENRLMT_RSN_CD

FULL NAME: BENEFICIARY PART A ENROLLMENT REASON CODE

SHORT NAME: PART A ENROLLMENT REASON CODE

SAS ALIAS: PTARSN

ALIAS: HENC

DESCRIPTION:

THE REASON FOR A BENEFICIARY'S ENROLLMENT TO PART A BENEFITS.

SOURCE: SSA

CODES:

A = ATTAINMENT OF AGE 65

B = EQUITABLE RELIEF

D = DISABILITY (UNDER AGE 65 ENTITLEMENT)

G = GENERAL ENROLLMENT PERIOD

I = INITIAL ENROLLMENT PERIOD

J = MQGE ENTITLEMENT

K = RENAL DISEASE IS OR WAS A REASON FOR
ENTITLEMENT PRIOR TO AGE 65 OR 25TH
MONTH OF DISABILITY

L = LATE FILING

M = TERMINATION BASED ON RENAL ENTITLEMENT
BUT ENTITLEMENT BASED ON DISABILITY
CONTINUES

N = AGE 65 AND UNINSURED

P = POTENTIALLY INSURED BENEFICIARY IS
ENROLLED FOR MEDICARE COVERAGE ONLY

Q = QUARTERS OF COVERAGE REQUIREMENTS ARE
INVOLVED

R = RESIDENCY REQUIREMENTS ARE INVOLVED

T = DISABLED WORKING INDIVIDUAL

U = UNKNOWN

BLANK = NOT APPLICABLE; E.G. PART A DATA IS
GENERATED AT AGE 64 YEARS, 8 MONTHS

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_ENTLMT_STRT_DT

FULL NAME: BENEFICIARY PART A ENTITLEMENT START DATE

SHORT NAME: PART A ENTITLEMENT START DATE

SAS ALIAS: PTABEG

ALIAS: DOEH

DESCRIPTION:

THE DATE A BENEFICIARY BECAME ENTITLED TO PART A MEDICARE BENEFITS.
(ALWAYS THE FIRST DAY OF THE MONTH.)

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_ENTLMT_STUS_CD

FULL NAME: BENEFICIARY PART A ENTITLEMENT STATUS CODE

SHORT NAME: PART A ENTITLEMENT STATUS CODE

SAS ALIAS: PTAST

ALIAS: HOC (**SEE ALSO: BENE_PTA_NENTLMT_STUS_CD)

DESCRIPTION:

THE REASON FOR ENTITLEMENT OR TERMINATION OF A
BENEFICIARY'S PART A BENEFITS DURING A PERIOD OF COVERAGE.

SOURCE: SSA/RRB

EDIT-RULES:

REQUIRED FOR UPDATE

CODES:

THE FOLLOWING CODES OCCUR WHEN THE PART A ENTITLEMENT DATE
IS PRESENT AND THE PART A TERMINATION DATE IS BLANK:

E = FREE PART A ENTITLEMENT

G = ENTITLED DUE TO GOOD CAUSE

Y = CURRENTLY ENTITLED, PREMIUM IS PAYABLE.

THE FOLLOWING CODES OCCUR WHEN THE PART A ENTITLEMENT DATE
IS PRESENT AND THE PART A TERMINATION DATE IS ALSO PRESENT:

C = NO-LONGER ENTITLED DUE TO DISABILITY
CESSATION

S = TERMINATED, NO LONGER ENTITLED UNDER
END-STAGE RENAL DISEASE PROVISION

T = TERMINATED FOR NON-PAYMENT OF PREMIUMS

W = VOLUNTARILY WITHDRAWAL FROM PREMIUM COVERAGE

X = FREE PART A TERMINATED OR REFUSED HI

CODES THAT OCCUR WHEN THERE IS NO PART A ENTITLEMENT
DATE (AND NO PART A TERMINATION DATE) ARE LISTED UNDER
BENE_PTA_NENTLMT_STUS_CD.

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_ENTLMT_TRMNTN_DT

FULL NAME: BENEFICIARY PART A ENTITLEMENT TERMINATION DATE

SHORT NAME: PART A ENTITLEMENT TERMINATION DATE

SAS ALIAS: PTAEND

ALIAS: DOTH

DESCRIPTION:

THE LAST DATE THROUGH WHICH A BENEFICIARY IS ENTITLED TO PART A
BENEFITS. AFTER THIS DATE, THE PART A BENEFITS ARE TERMINATED.
(ALWAYS THE LAST DAY OF THE MONTH.)

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_NENTLMT_STUS_CD

FULL NAME: BENEFICIARY PART A NON-ENTITLEMENT STATUS CODE

SHORT NAME: PART A NON ENTITLEMENT STATUS CODE

SAS ALIAS: PTANENT

ALIAS: HOC (**SEE ALSO: BENE_PTA_ENTLMT_STUS_CD)

DESCRIPTION:

(THIS FIELD WAS ADDED TO THE EDB ON 10-09-93.)

THE REASON FOR A BENEFICIARY'S CURRENT NON-ENTITLEMENT TO
PART A MEDICARE BENEFITS.

SOURCE: SSA/RRB

CODES:

(CODES THAT OCCUR WHEN THE PART A ENTITLEMENT DATE IS PRESENT
ARE LISTED UNDER BENE_PTA_ENTLMT_STUS_CD)THE FOLLOWING CODES OCCUR WHEN THERE IS NO PART A ENTITLEMENT
DATE (AND NO PART A TERMINATION DATE):

D = COVERAGE WAS DENIED

F = TERMINATED DUE TO INVALID ENROLLMENT
OR ENROLLMENT VOIDEDH = NOT ELIGIBLE FOR FREE PART A, OR DID
NOT ENROLL FOR PREMIUM PART A

R = REFUSED BENEFITS

N = NOT A VALID SSA HOC, BUT USED BY HCFA'S THIRD PARTY
SYSTEM TO INDICATE A 'POTENTIAL' PTA ENTITLEMENT DATE

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_PRM_PNLTY_PCT

FULL NAME: BENEFICIARY PART A PREMIUM PENALTY PERCENT

SHORT NAME: PART A PREMIUM PENALTY PERCENT

SAS ALIAS: PXAPNL

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE PENALTY PERCENT THAT IS APPLIED TO THE STANDARD OR REDUCED
PART A PREMIUM RATE FOR A GIVEN OCCURRENCE OF THE PART A
PREMIUM RELATION.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(1)V99

ALWAYS GREATER THAN ZERO

EXAMPLE: 10% = 0.10

M204-ATTRIBUTES: STRING

LENGTH: 2 (PACKED DECIMAL)

EDB NAME: BENE_PTA_PRM_PRD_IDENT_CD

FULL NAME: BENEFICIARY PART A PREMIUM PERIOD IDENTIFICATION CODE

SHORT NAME: PART A PREMIUM PERIOD IDENT CODE

SAS ALIAS: PXAPID

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A NUMERIC CODE THAT IDENTIFIES ALL OCCURRENCES OF THE SAME
NON-STANDARD PART A PREMIUM RATE RELATION. FOR EACH UNIQUE CODE,

EDB DATA DICTIONARY

THE SAME NON-STANDARD PART A PREMIUM RATE APPLIES AND THE PREMIUM RATE START DATE IS THE SAME. (EXCEPTION: IF THE PART A ENTITLEMENT DATE CHANGES, THEN THE PART A PREMIUM RATE START DATE CAN ALSO CHANGE.) FOR EACH UNIQUE CODE, ONLY ONE OCCURRENCE IS ACTIVE. ALL OTHER OCCURRENCES HAVE AN INACTIVE DATE.

SOURCE: HCFA

EDIT-RULES:

NUMERIC, REQUIRED

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_PTA_PRN_PRD_INACT_DT

FULL NAME: BENEFICIARY PART A PREMIUM PERIOD INACTIVE DATE

SHORT NAME: PART A PREMIUM PERIOD INACTIVE DATE

SAS ALIAS: PXAINA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE ON WHICH A BENEFICIARY'S NON-STANDARD PART A PREMIUM
RATE INFORMATION WAS DETERMINED TO BE VOID.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_PRN_RATE_STOP_DT

FULL NAME: BENEFICIARY PART A PREMIUM RATE STOP DATE

SHORT NAME: PART A PREMIUM RATE STOP DATE

SAS ALIAS: PXAEND

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE LAST DATE THAT A PARTICULAR OCCURRENCE OF A NON-STANDARD
PART A PREMIUM RATE WAS APPLICABLE.
(NOTE: THE EDITS FOR THIS DATE HAVE CHANGED. NEW RULES REQUIRE
THAT THIS DATE ALWAYS BE THE LAST DAY OF THE MONTH AND THE LAST
DATE THAT THE NON-STANDARD RATE APPLIED.
UNDER THE OLD RULES, SOME PREMIUM RATE STOP DATES WERE THE RUN
PROCESSING DATE OR THE LAST DAY OF THE MONTH OF THE SSA/MBR
CURRENT OPERATING MONTH.)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_PRN_RATE_STRT_DT

FULL NAME: BENEFICIARY PART A PREMIUM RATE START DATE

SHORT NAME: PART A PREMIUM RATE START DATE

SAS ALIAS: PXABEG

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE A PARTICULAR OCCURRENCE OF A NON-STANDARD PART A PREMIUM
RATE BECAME APPLICABLE. (ALWAYS THE FIRST DAY OF THE MONTH.)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_PRM_RDC_CD

FULL NAME: BENEFICIARY PART A PREMIUM REDUCTION CODE

SHORT NAME: PART A PREMIUM REDUCED CODE

SAS ALIAS: PXARDC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES THE SOCIAL SECURITY NUMBER OF THE SSA EARNINGS RECORD THAT IS USED TO JUSTIFY A BENEFICIARY'S PART A PREMIUM REDUCTION.

SOURCE: SSA

CODES:

B = BENEFICIARY'S OWN SSN

S = SPOUSE'S SSN

C = CONVERSION CASE

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_PRM_RDC_PRM_SSN_NUM

FULL NAME: BENEFICIARY PART A PREMIUM REDUCED PREMIUM

SOCIAL SECURITY NUMBER

SHORT NAME: PART A PREMIUM REDUCED PREMIUM SSN

SAS ALIAS: PXARSS

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE SOCIAL SECURITY NUMBER ASSOCIATED WITH THE SSA EARNINGS RECORD THAT JUSTIFIES A PART A PREMIUM RATE REDUCTION.

SOURCE: SSA

EDIT-RULES:

NUMERIC OR BLANK

LENGTH: 9 (CHARACTER)

VIEW NAME: BENE_PTB_DB_MO1_BAL_AMT **

FULL NAME: BENEFICIARY PART B DIRECT BILL MONTH1 BALANCE AMOUNT

SHORT NAME: PART B DB MONTH 1 BALANCE AMT

SAS ALIAS: PTBRA1

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96. RENAMED 5/29/99.)

(**THIS FIELD IS PART OF BENE_PTB_DB_RCVBL_TB. IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB. IT IS ALWAYS ASSOCIATED WITH THE BILLING DATE MONTH: BENE_PTB_DB_RCVBL_MO_DT.)

FOR DIRECT BILLING BENEFICIARIES: THE PART B RECEIVABLE AMOUNT THAT WAS BILLED THAT MONTH TO A BENEFICIARY'S ACCOUNT AND HAS NOT YET BEEN RELIEVED BY A PAYMENT. FOR MONTHLY BILLS, THIS FIELD REPRESENTS THE ENTIRE PART B RECEIVABLE AMOUNT OWED. FOR QUARTERLY BILLS, THIS FIELD CONTAINS THE RECEIVABLE AMOUNT CALCULATED FOR THE FIRST MONTH OF THE THREE MONTH PERIOD COVERED BY THE BILL. WHEN A BENEFICIARY SENDS A PAYMENT, THE MONEY IS APPLIED TO EACH MONTHLY RECEIVABLE AMOUNT IN ORDER UNTIL THAT RECEIVABLE AMOUNT IS REDUCED TO ZERO.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO
LENGTH: 4 (PACKED DECIMAL)

VIEW NAME: BENE_PTB_DB_MO2_BAL_AMT **

FULL NAME: BENEFICIARY PART B DIRECT BILL MONTH2 BALANCE AMOUNT

SHORT NAME: PART B DB MONTH 2 BALANCE AMT

SAS ALIAS: PTBRA2

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

(**THIS FIELD IS PART OF BENE_PTB_DB_RCVBL_TB. IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)

FOR DIRECT BILLING BENEFICIARIES: THE PORTION OF THE PART B RECEIVABLE AMOUNT THAT IS OWED TO THE GOVERNMENT FOR THE SECOND MONTH OF THE BILLING PERIOD. FOR MONTHLY BILLS, THIS FIELD CONTAINS ZEROS. FOR QUARTERLY BILLS, THIS FIELD CONTAINS THE RECEIVABLE AMOUNT CALCULATED FOR THE SECOND MONTH OF THE THREE MONTH PERIOD COVERED BY THE BILL. WHEN A BENEFICIARY SENDS A PAYMENT, THE MONEY IS APPLIED TO EACH MONTHLY RECEIVABLE AMOUNT IN ORDER UNTIL THAT RECEIVABLE AMOUNT IS REDUCED TO ZERO.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

LENGTH: 4 (PACKED DECIMAL)

VIEW NAME: BENE_PTB_DB_MO3_BAL_AMT **

FULL NAME: BENEFICIARY PART B DIRECT BILL MONTH3 BALANCE AMOUNT

SHORT NAME: PART B DB MONTH 3 BALANCE AMT

SAS ALIAS: PTBRA3

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

(**THIS FIELD IS PART OF BENE_PTB_DB_RCVBL_TB. IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)

FOR DIRECT BILLING BENEFICIARIES: THE PORTION OF THE PART B RECEIVABLE AMOUNT THAT IS OWED TO THE GOVERNMENT FOR THE THIRD MONTH OF THE BILLING PERIOD. FOR MONTHLY BILLS, THIS FIELD CONTAINS ZEROS. FOR QUARTERLY BILLS, THIS FIELD CONTAINS THE RECEIVABLE AMOUNT CALCULATED FOR THE THIRD MONTH OF THE THREE MONTH PERIOD COVERED BY THE BILL. WHEN A BENEFICIARY SENDS A PAYMENT, THE MONEY IS APPLIED TO EACH MONTHLY RECEIVABLE AMOUNT IN ORDER UNTIL THAT RECEIVABLE AMOUNT IS REDUCED TO ZERO.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

LENGTH: 4 (PACKED DECIMAL)

EDB NAME: BENE_PTB_DB_PRD_PRM_DUE_AMT

FULL NAME: BENEFICIARY PART B DIRECT BILL PERIOD PREMIUM DUE AMOUNT

SHORT NAME: PART B DIRECT BILL PREM DUE AMT

SAS ALIAS: PTBPDA

ALIAS: CPDA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

SOME MEDICARE BENEFICIARIES DO NOT HAVE THEIR PART B MEDICARE PREMIUMS DEDUCTED FROM THEIR SSA BENEFIT CHECK AND MUST PAY THESE PREMIUMS DIRECTLY TO HCFA. FOR THESE BENEFICIARIES, THIS FIELD CONTAINS THE MEDICARE PART B PREMIUM AMOUNT THAT IS OWED THRU THE CURRENT OPERATING MONTH.

A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA.

A POSITIVE AMOUNT INDICATES AN OVERPAYMENT OF PREMIUMS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_PTB_DB_PRD_PRM_QSTNBL_AMT

FULL NAME: BENEFICIARY PART B DIRECT BILL PERIOD PREMIUM QUESTIONABLE AMOUNT

SHORT NAME: PART B DB PREM QUESTIONABLE AMT

SAS ALIAS: PTBPQA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE PORTION OF A PART B DIRECT BILLED BENEFICIARY'S PREMIUM DUE AMOUNT THAT IS JUDGED TO BE QUESTIONABLE DUE TO OLD SYSTEMS PROBLEMS OR CHANGES TO THE DIRECT BILL START OR STOP DATE. IF THE CALCULATED PREMIUM DUE AMOUNT IS GREATER THAN SIX MONTH'S PREMIUMS, IT IS CONSIDERED TO BE QUESTIONABLE.

A NEGATIVE AMOUNT INDICATES MONEY THE BENEFICIARY OWES HCFA.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

EDB NAME: BENE_PTB_DB_RCVBL_BAL_AMT

FULL NAME: BENEFICIARY PART B DIRECT BILL RECEIVABLE BALANCE AMOUNT

SHORT NAME: PART B DB RECEIVABLE BALANCE

SAS ALIAS: PTBBAL

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

FOR DIRECT BILLED BENEFICIARIES: THE TOTAL OUTSTANDING MONEY AMOUNT THAT WAS BILLED FOR PART B PREMIUMS AND THAT HAS NOT BEEN SATISFIED BY EITHER A PAYMENT OR A CREDIT ADJUSTMENT. THIS RECEIVABLE BALANCE CAN INCLUDE PROSPECTIVE AMOUNTS THAT WERE BILLED FOR FUTURE MONTHS.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ALWAYS NEGATIVE OR ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL) OR 7 (ZONED DECIMAL)

VIEW NAME: BENE_PTB_DB_RCVBL_MO_DT **

FULL NAME: BENEFICIARY PART B DIRECT BILL RECEIVABLE MONTH DATE

SHORT NAME: PART B DB RECEIVABLE MONTH

SAS ALIAS: PTBRM

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

(**THIS FIELD IS PART OF BENE_PTB_DB_RCVBL_TB.

IT DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.)

FOR DIRECT BILLED BENEFICIARIES: THIS DATE REFLECTS THE MONTH THAT A BILL WAS MAILED TO A BENEFICIARY AND IS ASSOCIATED WITH THE PART B RECEIVABLE AMOUNT THAT WAS BILLED FOR THAT MONTH.

THIS DATE IS DETERMINED BY THE DDBMBIL* BILLING PROGRAM AND IT IS ALWAYS EQUAL TO THE NEW DIRECT BILL OPERATING MONTH MINUS ONE MONTH (HOM - 1MONTH).

SOURCE: HCFA

EDIT-RULES:

YYYYMM OR BLANK

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTB_DB_RCVBL_TB

FULL NAME: BENEFICIARY PART B DIRECT BILL RECEIVABLE TABLE

SHORT NAME: PART B DB RECEIPTS MONTHLY TABLE

SAS ALIAS: PTBRMT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

SEE BENE_PTB_DB_RCVBL_BAL_AMT.

FOR DIRECT BILLED BENEFICIARIES: A TABLE THAT CAN CONTAIN UP TO SIX ROWS. EACH ROW INCLUDES A DATE (YYYYMM) THAT REPRESENTS THE MONTH THAT A BILL WAS MAILED. EACH ROW ALSO INCLUDES THREE PART B RECEIVABLE AMOUNTS. FOR QUARTERLY BILLS, THESE ARE THE MONTHLY AMOUNTS OWED FOR THE THREE MONTH PERIOD THAT FOLLOWS THE BILL DATE MONTH. FOR MONTHLY BILLS, ONLY THE FIRST AMOUNT IS USED. THE ROWS ARE IN SEQUENCE BY DATE. THE RECEIVABLE AMOUNTS ARE ALWAYS NEGATIVE.

WHEN PAYMENTS OR CREDIT ADJUSTMENTS RELIEVE A ROW'S RECEIVABLE BALANCE TO ZERO, THE ROW IS DELETED FROM THE TABLE AND LATER ROWS ARE SHIFTED. THE SUM OF THE TABLE'S RECEIVABLE AMOUNTS EQUALS THE BENE_PTB_DB_RCVBL_BAL_AMT.

SOURCE: HCFA

EDIT-RULES:

A SIX ROW TABLE IN ASCENDING ORDER BY DATE.

EACH ROW CONTAINS A DATE (YYYYMM) AND THREE PACKED DECIMAL NEGATIVE OR ZERO MONEY AMOUNTS (S9(5)V99).

LENGTH: 108 (CHARACTER) (18 X 6)

EDB NAME: BENE_PTB_ENRLMT_MTHD_CD

FULL NAME: BENEFICIARY PART B ENROLLMENT METHOD CODE

SHORT NAME: PART B ENROLLMENT METHOD CODE

SAS ALIAS: PTBMTH

DESCRIPTION:

THE METHOD BY WHICH A BENEFICIARY ENROLLED IN THE PART B PROGRAM.

SOURCE: HCFA

CODES:

EDB DATA DICTIONARY

1 = ATTAINMENT: BENEFICIARY APPLIED FOR PART B BENEFITS
BEFORE ATTAINING AGE 65

2 = ACCRETION: BENEFICIARY DID NOT FILE FOR PART B BENEFITS
BEFORE ATTAINING AGE 65

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_ENRLMT_RSN_CD

FULL NAME: BENEFICIARY PART B ENROLLMENT REASON CODE

SHORT NAME: PART B ENROLLMENT REASON CODE

SAS ALIAS: PTBRSN

ALIAS: SENC

DESCRIPTION:

THE REASON FOR A BENEFICIARY'S CURRENT ENROLLMENT TO PART B BENEFITS.

SOURCE: SSA

CODES:

B = EQUITABLE RELIEF

C = GOOD CAUSE

D = DEEMED DATE OF BIRTH

F = WORKING AGED

G = GENERAL ENROLLMENT PERIOD

I = INITIAL ENROLLMENT PERIOD

K = RENAL DISEASE IS OR WAS A REASON FOR
ENTITLEMENT PRIOR TO AGE 65 OR 25TH
MONTH OF DISABILITY

M = TERMINATION BASED ON RENAL ENTITLEMENT BUT
ENTITLEMENT BASED ON DISABILITY CONTINUES

R = RESIDENCY REQUIREMENTS ARE INVOLVED

S = STATE BUY-IN

U = UNKNOWN

BLANK = NOT APPLICABLE; E.G. PART A DATA IS
GENERATED AT AGE 64 YEARS, 8 MONTHS

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_ENTLMT_STRT_DT

FULL NAME: BENEFICIARY PART B ENTITLEMENT START DATE

SHORT NAME: PART B ENTITLEMENT START DATE

SAS ALIAS: PTBBEG

ALIAS: DOES

DESCRIPTION:

THE DATE A BENEFICIARY BECAME ENTITLED TO PART B MEDICARE BENEFITS.
(ALWAYS THE FIRST DAY OF THE MONTH.)

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_ENTLMT_STUS_CD

FULL NAME: BENEFICIARY PART B ENTITLEMENT STATUS CODE

SHORT NAME: PART B ENTITLEMENT STATUS CODE

SAS ALIAS: PTBST

ALIAS: SOC (**SEE ALSO: BENE_PTB_NENTLMT_STUS_CD)

DESCRIPTION:

THE REASON FOR ENTITLEMENT OR TERMINATION OF A
BENEFICIARY'S PART B BENEFITS DURING A CURRENT PERIOD OF COVERAGE.

SOURCE: SSA/RRB

EDIT-RULES:

REQUIRED FOR UPDATE

CODES:

THE FOLLOWING CODES OCCUR WHEN THE PART B ENTITLEMENT DATE
IS PRESENT AND THE PART B TERMINATION DATE IS BLANK:

G = ENTITLED DUE TO GOOD CAUSE

Y = CURRENTLY ENTITLED, PREMIUM IS PAYABLE.

THE FOLLOWING CODES OCCUR WHEN THE PART B ENTITLEMENT DATE
IS PRESENT AND THE PART B TERMINATION DATE IS ALSO PRESENT:

C = NO-LONGER ENTITLED DUE TO CESSATION OF DISABILITY

F = TERMINATED DUE TO INVALID ENROLLMENT
OR ENROLLMENT VOIDED

S = TERMINATED, NO LONGER ENTITLED UNDER
END-STAGE RENAL DISEASE PROVISION

T = TERMINATED FOR NON-PAYMENT OF PREMIUMS

W = VOLUNTARY WITHDRAWAL FROM COVERAGE

CODES THAT OCCUR WHEN THERE IS NO PART B ENTITLEMENT
DATE (AND NO PART B TERMINATION DATE) ARE LISTED UNDER
BENE_PTB_NENTLMT_STUS_CD.

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_ENTLMT_TRMNTN_DT

FULL NAME: BENEFICIARY PART B ENTITLEMENT TERMINATION DATE

SHORT NAME: PART B ENTITLEMENT TERMINATION DATE

SAS ALIAS: PTBEND

ALIAS: DOTS

DESCRIPTION:

THE LAST DATE THROUGH WHICH A BENEFICIARY IS ENTITLED TO PART B
BENEFITS. AFTER THIS DATE, THE BENEFITS ARE TERMINATED.
(ALWAYS THE LAST DAY OF THE MONTH.)

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_NENTLMT_STUS_CD

FULL NAME: BENEFICIARY PART B NON-ENTITLEMENT STATUS CODE

SHORT NAME: PART B NON ENTITLEMENT STATUS CODE

SAS ALIAS: PTBNENT

ALIAS: SOC (**SEE ALSO: BENE_PTB_ENTLMT_STUS_CD)

DESCRIPTION:

(THIS FIELD WAS ADDED TO THE EDB ON 10-09-93.)

THE REASON FOR A BENEFICIARY'S CURRENT NON-ENTITLEMENT TO
PART B MEDICARE BENEFITS.

SOURCE: SSA/RRB

CODES:

(CODES THAT OCCUR WHEN THE PART B ENTITLEMENT DATE IS PRESENT
ARE LISTED UNDER BENE_PTB_ENTLMT_STUS_CD)THE FOLLOWING CODES OCCUR WHEN THERE IS NO PART B ENTITLEMENT
DATE (AND NO PART B TERMINATION DATE):

D = COVERAGE WAS DENIED

N = NO (FOREIGN/PUERTO RICAN BENEFICIARY NOT
ENTITLED TO SMI. ALSO DUALY/TECHNICALLY
BENEFICIARY IS NOT ENTITLED TO SMI).

R = REFUSED BENEFITS

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_PRM_PNLTY_PCT

FULL NAME: BENEFICIARY PART B PREMIUM PENALTY PERCENT

SHORT NAME: PART B PREMIUM PENALTY PERCENT

SAS ALIAS: PXBPNL

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

THE PENALTY PERCENT THAT IS APPLIED TO THE STANDARD OR VARIABLE PART B
PREMIUM RATE FOR A GIVEN OCCURRENCE OF THE PART B PREMIUM RELATION.

SOURCE: HCFA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(1)V99

ALWAYS GREATER THAN ZERO

EXAMPLE: 10% = 0.10

M204-ATTRIBUTES: STRING

LENGTH: 2 (PACKED DECIMAL)

EDB NAME: BENE_PTB_PRM_PNLTY_STATE_CD

FULL NAME: BENEFICIARY PART B PREMIUM PENALTY STATE CODE

SHORT NAME: PART B PREMIUM PENALTY STATE CODE

SAS ALIAS: PXBPST

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A CODE THAT IDENTIFIES THE STATE THAT IS PAYING THE PART B PREMIUM
PENALTY PORTION OF A BENEFICIARY'S NON-STANDARD PART B PREMIUM RATE.

SOURCE: SSA

CODES:

SEE BENE_RSDNC_SSA_STD_STATE_CD

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_PTB_PRM_PRD_IDENT_CD

FULL NAME: BENEFICIARY PART B PREMIUM PERIOD IDENTIFICATION CODE

SHORT NAME: PART B PREMIUM PERIOD IDENT CODE

SAS ALIAS: PXBPID

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
A NUMERIC CODE THAT IDENTIFIES ALL OCCURRENCES OF THE SAME
NON-STANDARD PART B PREMIUM RATE RELATION. FOR EACH UNIQUE CODE,
THE SAME NON-STANDARD PART B PREMIUM RATE APPLIES AND THE PREMIUM
RATE START DATE IS THE SAME. (EXCEPTION: IF THE PART B ENTITLEMENT
DATE CHANGES, THEN THE PART B PREMIUM RATE START DATE CAN ALSO
CHANGE.) FOR EACH UNIQUE CODE, ONLY ONE OCCURRENCE IS ACTIVE.
ALL OTHER OCCURRENCES HAVE AN INACTIVE DATE.

SOURCE: HCFA

EDIT-RULES:

NUMERIC, REQUIRED

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_PTB_PRM_PRD_INACT_DT

FULL NAME: BENEFICIARY PART B PREMIUM PERIOD INACTIVE DATE

SHORT NAME: PART B PREMIUM PERIOD INACTIVE DATE

SAS ALIAS: PXBINA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE ON WHICH A BENEFICIARY'S NON-STANDARD PART B PREMIUM
RATE INFORMATION WAS DETERMINED TO BE VOID.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_PRM_RATE_STOP_DT

FULL NAME: BENEFICIARY PART B PREMIUM RATE STOP DATE

SHORT NAME: PART B PREMIUM RATE STOP DATE

SAS ALIAS: PXBEND

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE LAST DATE THAT A PARTICULAR OCCURRENCE OF A NON-STANDARD PART B
PREMIUM RATE WAS APPLICABLE. (ALWAYS THE LAST DAY OF THE MONTH.)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_PRM_RATE_STRT_DT

FULL NAME: BENEFICIARY PART B PREMIUM RATE START DATE

SHORT NAME: PART B PREMIUM RATE START DATE

SAS ALIAS: PXBBEG

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE DATE A PARTICULAR OCCURRENCE OF A NON-STANDARD PART B PREMIUM
RATE BECAME APPLICABLE. (ALWAYS THE FIRST DAY OF THE MONTH.)

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_VAR_PRM_RATE_AMT

FULL NAME: BENEFICIARY PART B VARIABLE PREMIUM RATE AMOUNT

SHORT NAME: PART B VARIABLE PREMIUM RATE AMOUNT

SAS ALIAS: PXBVRA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
THE MONEY AMOUNT OF A BENEFICIARY'S PART B VARIABLE PREMIUM BASE RATE.

SOURCE: SSA

EDIT-RULES:

SIGNED NUMBER WITH 2 DECIMAL PLACES: S9(5)V99

ZERO OR GREATER THAN ZERO

M204-ATTRIBUTES: STRING

LENGTH: 4 (PACKED DECIMAL)

EDB NAME: BENE_RACE_CD

FULL NAME: BENEFICIARY RACE CODE

SHORT NAME: RACE CODE

SAS ALIAS: RACE

DESCRIPTION:

THE RACE OF A BENEFICIARY. THE RACE CODE IS ESTABLISHED WHEN THE
CER RECORD IS ACCRETED TO THE EDB. CER UPDATE TRANSACTIONS DO NOT
ALTER THE RACE CODE. IN MID-1997, SOME RACE CODES WERE OVERLAID WITH
CODES THAT WERE RECEIVED AS A RESULT OF A SURVEY THAT WAS MAILED
TO CERTAIN BENEFICIARIES IN 1995. (THE SURVEY RACE CODE
IS ALSO MAINTAINED IN THE BENE_RACE_SRC_CD FIELD.) PERIODICALLY,
RACE CODES ARE UPDATED FROM FILES THAT ARE PROCESSED IN SSA'S
NUMIDENT OPERATION. NUMIDENT RACE CODES UPDATE THE BENE_RACE_CD
ONLY WHEN THE BENE_RACE_SRC_CD IS BLANK.

SOURCE: SSA-MBR, SSA-NUMIDENT, SURVEY RESULTS

CODES:

0 = UNKNOWN

4 = ASIAN

1 = WHITE

5 = HISPANIC

2 = BLACK

6 = NORTH AMERICAN NATIVE

3 = OTHER

BLANK = TEMPORARY RECORD

M204-ATTRIBUTES: PRE-ALLOCATED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_RACE_SRC_CD

FULL NAME: BENEFICIARY RACE SOURCE CODE

SHORT NAME: BENE RACE SOURCE CODE

SAS ALIAS: RACESRC

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95.)

A CODE THAT IDENTIFIES THE BENEFICIARY'S RACE AS DETERMINED BY A ONE
TIME ONLY SURVEY THAT WAS MAILED TO CERTAIN BENEFICIARIES IN 1995.

SOURCE: HCFA

CODES:

0 = UNKNOWN	4 = ASIAN
1 = WHITE	5 = HISPANIC
2 = BLACK	6 = NORTH AMERICAN NATIVE
3 = OTHER	

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_RPRSNTV_PYE_SW

FULL NAME: BENEFICIARY REPRESENTATIVE PAYEE SWITCH

SHORT NAME: BENE REPRESENTATIVE PAYEE SWITCH

SAS ALIAS: REPPAYEE

DESCRIPTION:

A SWITCH THAT INDICATES WHETHER THE BENEFICIARY HAS A
REPRESENTATIVE PAYEE FOR SOCIAL SECURITY CASH BENEFIT PURPOSES.

SOURCE: SSA/RRB

CODES:

Y = BENE HAS A REP. PAYEE
N = BENE DOES NOT HAVE A REP. PAYEE

M204-ATTRIBUTES: PRE-ALLOCATED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_RSDNC_CHG_DT

FULL NAME: BENEFICIARY RESIDENCE CHANGE DATE

SHORT NAME: RESIDENCE CHANGE DATE

SAS ALIAS: RESBEG

DESCRIPTION:

THE DATE ON WHICH THE BENEFICIARY'S ZIP CODE, STATE CODE,
COUNTY CODE, OR DISTRICT OFFICE CODE CHANGES.

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_RSDNC_SSA_STD_CNTY_CD

FULL NAME: BENEFICIARY RESIDENCE SSA STANDARD COUNTY CODE

SHORT NAME: SSA STANDARD COUNTY CODE

SAS ALIAS: RESCTY

DESCRIPTION:

THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S RESIDENCE.
INITIALIZED TO '999' BY THE RAILROAD BOARD CER UPDATE PROGRAM.

SOURCE: SSA/HCFA

EDIT-RULES:

OPTIONAL: MAY CONTAIN BLANKS
CODES:
SEE APPENDIX A.
LENGTH: 3 (CHARACTER)

EDB DATA DICTIONARY

EDB NAME: BENE_RSDNC_SSA_STD_STATE_CD

FULL NAME: BENEFICIARY RESIDENCE SSA STANDARD STATE CODE

SHORT NAME: SSA STANDARD STATE CODE

SAS ALIAS: RESST

DESCRIPTION:

THE SSA STANDARD STATE CODE OF A BENEFICIARY'S RESIDENCE.

SOURCE: SSA/HCFA

EDIT-RULES:

OPTIONAL: MAY CONTAIN BLANKS

CODES:

01 = AL	ALABAMA	41 = RI	RHODE ISLAND
02 = AK	ALASKA	42 = SC	SOUTH CAROLINA
03 = AZ	ARIZONA	43 = SD	SOUTH DAKOTA
04 = AR	ARKANSAS	44 = TN	TENNESSEE
05 = CA	CALIFORNIA	45 = TX	TEXAS
06 = CO	COLORADO	46 = UT	UTAH
07 = CT	CONNECTICUT	47 = VT	VERMONT
08 = DE	DELAWARE	48 = VI	VIRGIN ISLANDS
09 = DC	DISTRICT OF COLUMBIA	49 = VA	VIRGINIA
10 = FL	FLORIDA	50 = WA	WASHINGTON
11 = GA	GEORGIA	51 = WV	WEST VIRGINIA
12 = HI	HAWAII	52 = WI	WISCONSIN
13 = ID	IDAHO	53 = WY	WYOMING
14 = IL	ILLINOIS		
15 = IN	INDIANA		
16 = IA	IOWA	54 =	AFRICA
17 = KS	KANSAS	55 =	ASIA
18 = KY	KENTUCKY	56 =	CANADA
19 = LA	LOUISIANA	57 =	CENTRAL AMERICA & WEST INDIES
20 = ME	MAINE	58 =	EUROPE
21 = MD	MARYLAND	59 =	MEXICO
22 = MA	MASSACHUSETTS	60 =	OCEANIA
23 = MI	MICHIGAN	61 =	PHILIPPINES
24 = MN	MINNESOTA	62 =	SOUTH AMERICA
25 = MS	MISSISSIPPI	63 =	U.S. POSSESSIONS
26 = MO	MISSOURI	64 = AS	AMERICAN SAMOA
27 = MT	MONTANA	65 = GU	GUAM
28 = NE	NEBRASKA		
29 = NV	NEVADA		
30 = NH	NEW HAMPSHIRE	94 =	ARMY POST OFFICE (APO AE)
31 = NJ	NEW JERSEY	95 =	ARMY POST OFFICE (APO AA)
32 = NM	NEW MEXICO	96 =	ARMY POST OFFICE (APO AP)
33 = NY	NEW YORK	97 =	NORTHERN MARIANAS
34 = NC	NORTH CAROLINA	98 = GU	GUAM
35 = ND	NORTH DAKOTA	99 =	WITH 000 COUNTY CODE IS AMERICAN SAMOA; OTHERWISE UNKNOWN
36 = OH	OHIO		
37 = OK	OKLAHOMA		
38 = OR	OREGON		
39 = PA	PENNSYLVANIA		
40 = PR	PUERTO RICO		

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_SEX_IDENT_CD

FULL NAME: BENEFICIARY SEX IDENTIFICATION CODE

SHORT NAME: SEX CODE

SAS ALIAS: SEX

DESCRIPTION:

THE SEX OF A BENEFICIARY.

SOURCE: SSA/RRB, HCFA

EDIT-RULES:

REQUIRED FIELD

CODES:

0 = UNKNOWN

1 = MALE

2 = FEMALE

M204-ATTRIBUTES: PRE-ALLOCATED

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_SRC_DEATH_DT_CD

FULL NAME: BENEFICIARY SOURCE DEATH DATE CODE

SHORT NAME: SOURCE DEATH DATE CODE

SAS ALIAS: SRCDEATH

DESCRIPTION:

THE SOURCE OF THE BENEFICIARY'S DATE-OF-DEATH INFORMATION.

SOURCE: SSA/RRB, CWF, HCFA

CODES:

BLANK = NO DOD

01 = BILL DOD

03 = CLERICAL DOD

05 = BILL DOD AND CLERICAL DOD (INCLUDING D.O. INPUT DOD)

10 = PROVEN MBR DOD

11 = PROVEN MBR DOD AND BILL DOD

20 = UNPROVEN MBR DOD

21 = UNPROVEN MBR DOD AND BILL DOD

23 = UNPROVEN MBR DOD AND CLERICAL DOD

(INCLUDING D.O. INPUT DOD)

25 = UNPROVEN MBR DOD, BILL DOD AND CLERICAL DOD

(INCLUDING D.O. INPUT DOD)

LENGTH: 2 (CHARACTER)

EDB NAME: BENE_SRNM_NAME

FULL NAME: BENEFICIARY SURNAME

SHORT NAME: LAST NAME

SAS ALIAS: SRNAME

DESCRIPTION:

THE LAST NAME OF THE MEDICARE BENEFICIARY INCLUDING ANY FOLLOWING
TITLES.

SOURCE: SSA/RRB

EDIT-RULES:

NON-BLANK

M204-ATTRIBUTES: ORDERED CHARACTER, DEFERRED

LENGTH: 24 (CHARACTER)

EDB NAME: BENE_SSA_BNFT_PMT_EFCTV_DT

FULL NAME: BENEFICIARY SSA BENEFIT PAYMENT EFFECTIVE DATE

SHORT NAME: SSA BENEFIT PAYMENT EFFECTIVE DATE

SAS ALIAS: LAFDEF

ALIAS: DRD (DEBIT PROCESSING DATE)

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)
SSA'S EFFECTIVE DATE (IE, DEBIT PROCESSING DATE) FOR CERTAIN
SSA BENEFIT PAYMENT CODES (LAF'S). REQUIRED FOR 'C' AND 'D' LAFS,
OPTIONAL FOR OTHER LAFS. USED IN DIRECT BILL PROCESSING.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_SSA_BNFT_PMT_STUS_CD

FULL NAME: BENEFICIARY SSA BENEFIT PAYMENT STATUS CODE

SHORT NAME: SSA BENEFIT PAYMENT STATUS CODE

SAS ALIAS: LAF

ALIAS: LAF CODE

DESCRIPTION:

A CODE THAT INDICATES A MEDICARE BENEFICIARY'S SOCIAL SECURITY
BENEFIT PAYMENT STATUS.

SOURCE: SSA/RRB

CODES:

C = CURRENT PAYMENT STATUS (EXCEPT RAILROAD PAYMENT)
A = WITHDRAWAL FOR ADJUSTMENT STATUS
A0 = AGE 65 REDUCTION FACTOR ADJUSTMENT
A1 = MILITARY SERVICE RECOMP UNDER SEC 229
A2 = WITHDRAWAL FOR 1965 OR 1967 RECOMP
A3 = MILITARY SERVICE RECOMP UNDER SEC 217 OR 229
A4 = DISABILITY OFFSET RECALCULATION
A5 = RECOMP NOT INCLUDED IN A0-A4 OR A6-A7
A6 = DISABILITY FREEZE RECALCULATION
A7 = MILITARY SERVICE RECOMP UNDER SECTION 217
A8 = TRANSFER FROM DIO TO ANOTHER PC
A9 = MISCELLANEOUS ADJUSTMENT
AA = ADJUSTED FOR SPLIT PIC'S IN ADVANCED FILE STATUS
AC = PIA CORRECTION (NO RECOMPUTATION)
AD = ADJUSTED FOR DUAL ENTITLEMENT
AE = WITHDRAWN FOR RECOMP UNDER SEC 142
AF = TRANSFER TO ANOTHER PC OR DIO
AJ = WORKERS COMP OFFSET BEING CANCELED
AM = TRANSFER FROM HIB ONLY TO BENEFIT STATUS
AP = WITHDRAWAL FOR CHANGE OF PIC ON PE ACTIONS
AR = TRANSFER FROM SUSPENDED OR TERMINATED
TO CURRENT PAY STATUS
AS = ADJUSTED FOR SIMULTANEOUS ENTITLEMENT
AW = WORKERS COMP OFFSET BEING APPLIED
A& = PAYMENT STATUS BEING CHANGED TO CURRENT
A- = TRANSFER FROM CURRENT PAY STATUS TO
DEFERRED OR SUSPENDED
B = ABATEMENT STATUS

BENE_SSA_BNFT_PMT_STUS_CD...CONTINUED

D = DEFERRED PAYMENT STATUS
 D1 = DEFERRED BECAUSE OF FOREIGN WORK TEST
 D2 = DEFERRED BECAUSE OF ANNUAL RETIREMENT TEST
 D3 = DEFERRED (AS AN AUXILIARY) BECAUSE OF D2 STATUS FOR PRIMARY
 D4 = DEFERRED YOUNG MOTHER WITH NO CHILD IN HER CARE
 D5 = DEFERRED (AS AN AUXILIARY) BECAUSE OF D1 STATUS FOR PRIMARY
 D6 = DEFERRED TO RECOVER OVERPAYMENT SITUATIONS NOT COVERED BY
 OTHER DEFERRED STATUS CODES (D1 THRU D5)
 D9 = MISCELLANEOUS DEFERMENT
 DP = DEFERRED BECAUSE OF PUBLIC ASSISTANCE
 DW = DEFERRED BECAUSE OF WORKERS COMPENSATION OFFSET
 E = CURRENT PAYMENT CERTIFIED TO RRB
 EW = PART B TERMINATION DUE TO ELECTED WITHDRAWAL
 F = ADVANCED FILING FOR RRB CURRENT PAY
 J = ADVANCED FILING FOR CURRENT PAYMENT
 K = ADVANCED FILING FOR DEFERRED PAYMENT
 K1 = ADV. FILING DEFERRED BECAUSE OF FOREIGN WORK TEST
 K2 = ADV. FILING DEFERRED BECAUSE OF ANNUAL RETIREMENT TEST
 K3 = ADVANCED FILING DEFERRED (AS AN AUXILIARY)
 BECAUSE OF K2 STATUS FOR PRIMARY
 K4 = ADV. FILING DEFERRED YOUNG MOTHER WITH NO CHILD IN HER CARE
 K5 = ADVANCED FILING DEFERRED (AS AN AUXILIARY)
 BECAUSE OF K1 STATUS FOR PRIMARY
 K6 = ADV. FILING DEFERRED TO RECOVER OVERPAYMENT SITUATIONS
 NOT COVERED BY OTHER DEFERRED STATUS CODES (K1 THRU K5)
 K9 = MISCELLANEOUS ADVANCED FILING DEFERMENT
 KP = ADV. FILING DEFERRED BECAUSE OF PUBLIC ASSISTANCE
 KW = ADV. FILING DEFERRED BECAUSE OF WORKERS COMPENSATION OFFSET
 L = ADVANCED FILING FOR CONDITIONAL PAYMENT
 L0 = ADV. FILING CONTINUING DISABILITY INVESTIGATION
 L1 = ADV. FILING SUSPENSION BECAUSE OF FOREIGN WORK
 L2 = ADV. FILING SUSPENSION BECAUSE OF RETIREMENT WORK TEST
 L3 = ADVANCED FILING SUSPENSION (AS AN AUXILIARY)
 BECAUSE OF L2 STATUS FOR PRIMARY
 L4 = ADV. FILING SUSPENDED YOUNG MOTHER WITH NO CHILD IN HER CARE
 L5 = ADVANCED FILING SUSPENSION (AS AN AUXILIARY)
 BECAUSE OF L1 STATUS FOR PRIMARY
 L6 = ADVANCED FILING SUSPENSION BECAUSE CHECK RETURNED
 FOR ADDRESS REASONS
 L7 = ADVANCED FILING SUSPENSION BECAUSE OF
 VOCATIONAL REHABILITATION REFUSAL
 L8 = ADV. FILING SUSPENSION BECAUSE PAYEE NOT DETERMINED
 L9 = MISCELLANEOUS ADVANCED FILING SUSPENSIONS
 LB = ADV. FILING BENEFITS DUE BUT NOT PAID (USUALLY LESS THAN \$1.00)
 LD = ADV. FILING TECHNICAL ENTITLEMENT
 LF = ADVANCED FILING PROUTY BENEFICIARY FAILS TO MEET
 RESIDENCY REQUIREMENT
 LH = ADVANCED FILING PROUTY BENEFICIARY SUSPENDED
 BECAUSE OF GOVERNMENT PENSION
 LJ = ADV. FILING ALIEN SUSPENSION
 LK = ADV. FILING DEPORTATION
 LL = ADV. FILING BARRED PAYMENT COUNTRY
 LM = ADV. FILING REFUSED OLD AGE INSURANCE BENEFITS

EDB DATA DICTIONARY

LP = ADVANCED FILING PROUTY BENEFICIARY SUSPENDED
BECAUSE OF PUBLIC ASSISTANCE
LS = NON-PAYMENT TO POST-SECONDARY STUDENTS DURING SUMMER MONTHS
LW = ADV. FILING SUSPENSION BECAUSE OF WORKERS COMPENSATION
LX = ADV. FILING CONDITIONAL STATUS
N = DISALLOWED CLAIM
ND = DENIED CLAIM
NP = PART B TERMINATION DUE TO NON-PAYMENT OF PREMIUM

BENE_SSA_BNFT_PMT_STUS_CD...CONTINUED

P = DELAYED CLAIM (ADJUDICATION PENDING)
 (USED WITH DELAYED CLAIMS TO SHOW THAT UPON
 FINAL ADJUDICATION THE BENEFICIARY IS TO BE
 PLACED IN SUSPENDED STATUS WITH THE SAME
 SUBSCRIPT. FOR EXAMPLE, P2 WOULD BECOME S2
 UPON ADJUDICATION.)
 P0 = PENDING CONTINUING DISABILITY INVESTIGATION
 P1 = PENDING SUSPENSION BECAUSE OF FOREIGN WORK
 P2 = PENDING SUSPENSION BECAUSE OF RETIREMENT WORK TEST
 P3 = PENDING SUSPENSION (AS AN AUXILIARY)
 BECAUSE OF L2 STATUS FOR PRIMARY
 P4 = PENDING SUSPENDED YOUNG MOTHER WITH NO CHILD IN HER CARE
 P5 = PENDING SUSPENSION (AS AN AUXILIARY)
 BECAUSE OF L1 STATUS FOR PRIMARY
 P6 = PENDING SUSPENSION BECAUSE CHECK RETURNED
 FOR ADDRESS REASONS
 P7 = PENDING SUSPENSION BECAUSE OF
 VOCATIONAL REHABILITATION REFUSAL
 P8 = PENDING SUSPENSION BECAUSE PAYEE NOT DETERMINED
 P9 = MISCELLANEOUS PENDING SUSPENSIONS
 PC = TEMP RECORD
 PD = PENDING TECHNICAL ENTITLEMENT
 PF = PENDING PROUTY BENEFICIARY FAILS TO MEET
 RESIDENCY REQUIREMENT
 PH = PENDING PROUTY BENEFICIARY SUSPENDED
 BECAUSE OF GOVERNMENT PENSION
 PJ = PENDING ALIEN SUSPENSION
 PK = PENDING DEPORTATION
 PL = PENDING BARRED PAYMENT COUNTRY
 PM = PENDING REFUSED OLD AGE INSURANCE BENEFITS
 PP = PENDING PROUTY BENEFICIARY SUSPENDED
 BECAUSE OF PUBLIC ASSISTANCE
 PS = NON-PAYMENT TO POST-SECONDARY STUDENTS DURING SUMMER MONTHS
 PW = PENDING SUSPENSION BECAUSE OF WORKERS COMPENSATION
 PX = PENDING CONDITIONAL STATUS
 PB = PENDING CLAIM (BENEFITS DUE BUT NOT PAID)
 PT = PENDING CLAIM TERMINATED
 R = TERMINATE BENEFICIARY RECORD
 RN = PART B REINSTATED
 S = SUSPENDED: CONDITIONAL PAYMENT STATUS
 S0 = CONTINUING DISABILITY INVESTIGATION
 S1 = SUSPENDED BECAUSE OF FOREIGN WORK
 S2 = SUSPENDED BECAUSE OF RETIREMENT WORK TEST
 S3 = SUSPENDED (AS AN AUXILIARY) BECAUSE OF S2 STATUS FOR PRIMARY
 S4 = SUSPENDED YOUNG MOTHER WITH NO CHILD IN HER CARE
 S5 = SUSPENDED (AS AN AUXILIARY) BECAUSE OF S1 STATUS FOR PRIMARY
 S6 = SUSPENDED BECAUSE CHECK RETURNED FOR ADDRESS REASONS
 S7 = SUSPENDED BECAUSE OF VOCATIONAL REHABILITATION REFUSAL
 S8 = SUSPENDED BECAUSE PAYEE NOT DETERMINED
 S9 = MISCELLANEOUS SUSPENSIONS
 SB = BENEFITS DUE BUT NOT PAID (USUALLY LESS THAN \$1.00)
 SD = TECHNICAL ENTITLEMENT
 SF = PROUTY BENEFICIARY FAILS TO MEET RESIDENCY REQUIREMENT

EDB DATA DICTIONARY

SH = PROUTY BENEFICIARY SUSPENDED BECAUSE OF GOVERNMENT PENSION
SJ = ALIEN SUSPENSION
SK = DEPORTATION
SL = BARRED PAYMENT COUNTRY
SM = REFUSED OLD AGE INSURANCE BENEFITS
SP = PROUTY BENEFICIARY SUSPENDED BECAUSE OF PUBLIC ASSISTANCE
SS = NON-PAYMENT TO POST-SECONDARY STUDENTS DURING SUMMER MONTHS
SW = SUSPENDED BECAUSE OF WORKERS COMPENSATION
SX = CONDITIONAL STATUS

BENE_SSA_BNFT_PMT_STUS_CD...CONTINUED

T = TERMINATED STATUS
T0 = BENEFITS PAYABLE BY ANOTHER AGENCY
T1 = DEATH OF INSURED BENEFICIARY
T2 = DEPENDENT TERMINATED DUE TO DEATH OF PRIMARY BENEFICIARY
T3 = DIVORCE, MARRIAGE, REMARRIAGE
T4 = CHILD AGE 18 (22 IF STUDENT) AND
NOT DIB OR ATTENDING SCHOOL
T5 = ENTITLED TO EQUAL OR GREATER BENEFITS
ON ANOTHER ACCOUNT
T6 = CHILD NO LONGER STUDENT, DISABLED; OR
(FOR E, B2, B5) DEATH OR MARRIAGE OF LAST CHILD
T7 = CHILD TERMINATED BECAUSE OF ADOPTION
OR MOTHER TERMINATED BECAUSE CHILD ADOPTED
T8 = DIB PRIMARY NO LONGER DISABLED;
OR MOTHER/FATHER TERMINATED BECAUSE
CHILD'S DIB TERMINATED
T9 = MISCELLANEOUS TERMINATIONS
TA = TERMINATION PRIOR TO ENTITLEMENT
(ADVANCED FILING)
TB = ENTITLED TO DISABLED WIDOWS BENEFITS
TC = DISABLED WIDOW/WIDOWER ATTAINED AGE 65
TJ = TERMINATION PRIOR TO ENTITLEMENT TOO
LATE TO STOP DEBIT (ADVANCED FILING)
TL = TERMINATION OF POST-SECONDARY STUDENT DUE TO LEGISLATIVE
CHANGES
TP = TERMINATION DUE TO CHANGE OF PIC ON PE ACTIONS
TR = CLAIM WITHDRAWN
TX = DIB ATTAINED AGE 65
U = ACTIVE UNINSURED TITLE XVIII STATUS ONLY
W = WITHDRAWAL BEFORE ENTITLEMENT
X = TERMINATED UNINSURED STATUS
X0 = TRANSFER TO RRB
X1 = DEATH OF UNINSURED BENEFICIARY
X5 = ENTITLED TO ANOTHER TYPE OF BENEFIT
X7 = HEALTH INSURANCE BENEFITS (HI/SMI) TERMINATED
X8 = REPRESENTATIVE PAYEE BEING DEVELOPED
X9 = MISCELLANEOUS ADJUSTMENT
XD = WITHDRAWAL FOR ADJUSTMENT
XF = TRANSFER TO ANOTHER PC OR DIO
XK = DEPORTATION
XR = WITHDRAWAL OF SMIB IN SMIB ONLY CASE, (HI GENERATED)
ZZ = ERRONEOUS ENTITLEMENT
LENGTH: 2 (CHARACTER)

EDB NAME: BENE_SSA_BNFT_PMT_STUS_CHG_DT

FULL NAME: BENEFICIARY SSA BENEFIT PAYMENT STATUS CHANGE DATE

SHORT NAME: SSA BENEFIT PAYMT STATUS CHANGE DATE

SAS ALIAS: LAFBEG

DESCRIPTION:

THE DATE ON WHICH THE BENE_SSA_BNFT_PMT_STUS_CD CHANGED.

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_SSA_CRED_ACTN_DT

FULL NAME: BENEFICIARY SSA CREDIT ACTION DATE

SHORT NAME: SSA CREDIT ACTION DATE

SAS ALIAS: LAFDCA

ALIAS: DOCA

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT REFLECTS THE EFFECTIVE STOP DATE MONTH FOR SSA'S MOST RECENT CREDIT ACTION. HCFA PROCESSING ADDS 1 MONTH TO THIS DATE FOR RECORDS PROCESSED ON THE LAST DAY OF SSA'S CURRENT OPERATING MONTH.

FOR BENEFIT PAYMENT STATUS CODES (LAFS) THAT BEGIN WITH 'S', 'T', 'X', OR 'L', EITHER THE CREDIT ACTION DATE (DOCA) OR THE SUSPENSION/TERMINATION DATE (DOST) WILL ALWAYS BE PRESENT.

THE DOCA IS NOT POPULATED FOR OTHER LAF CODES.

USED IN DIRECT BILL PROCESSING.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

ALWAYS THE FIRST DAY OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_SSA_LANG_CD

FULL NAME: BENEFICIARY'S SSA LANGUAGE CODE

SHORT NAME: BENE SSA LANGUAGE CODE

SAS ALIAS: LANGCD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 12/11/95. RENAMED 5/29/99.)

A CODE THAT IDENTIFIES THE LANGUAGE THAT THE BENEFICIARY REQUESTED SSA TO USE FOR BENEFICIARY NOTICES. HCFA USES THIS CODE WHEN MAILING MEDICARE PREMIUM BILLS (DIRECT BILLING).

(SSA ALLOWS THE FOLLOWING CODE VALUES, BUT ENGLISH AND SPANISH ARE THE ONLY LANGUAGE CHOICES THAT HCFA SUPPORTS.)

SOURCE: SSA

CODES:

BLANK = ENGLISH ASSUMED FOR NON-PUERTO RICAN ZIP CODES

SPANISH ASSUMED FOR PUERTO RICAN ZIP CODES

E = ENGLISH REQUESTED (ALLOWED ONLY FOR PUERTO RICAN ZIP CODES)

C = CHINESE

N = NORWEGIAN

D = GERMAN

P = POLISH

EDB DATA DICTIONARY

F = FRENCH

R = RUSSIAN

G = GREEK

S = SPANISH

I = ITALIAN

V = SWEDISH

J = JAPANESE

W = SERB-CROATIAN

X = UNKNOWN, PRESUME ENGLISH

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_SSN_NUM

FULL NAME: BENEFICIARY SOCIAL SECURITY NUMBER

SHORT NAME: SOCIAL SECURITY NUMBER

SAS ALIAS: SSN

ALIAS: BOAN, SSN

DESCRIPTION:

THE BENEFICIARY'S OWN IDENTIFICATION NUMBER THAT WAS ASSIGNED
BY THE SOCIAL SECURITY ADMINISTRATION.

SOURCE: SSA

EDIT-RULES:

NUMERIC

IF MORE THAN TWO OCCURRENCES OF SSN EXIST ON AN EDB RECORD, THEN
THE FIRST OCCURRENCE (THE ORIGINAL SSN) AND THE LAST OCCURRENCE
(THE CURRENT SSN) CAN BE DUPLICATE NUMBERS;

OTHERWISE EACH OCCURRENCE OF SSN IS UNIQUE.

M204-ATTRIBUTES: BINARY

LENGTH: 9 (CHARACTER)

EDB NAME: BENE_SUSPNSN_TRMNTN_DT

FULL NAME: BENEFICIARY SUSPENSION/TERMINATION DATE

SHORT NAME: SSA SUSPENSION/TERMINATION DATE

SAS ALIAS: LAFDST

ALIAS: DOST

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 10/09/93. FIRST POPULATED AFTER 09/02/96.)

A DATE THAT REFLECTS THE MOST RECENT MONTH AND YEAR WHEN SSA

TITLE II BENEFITS SHOULD HAVE BEEN SUSPENDED OR TERMINATED.

FOR BENEFIT PAYMENT STATUS CODES (LAFS) THAT BEGIN WITH 'S', 'T',

'X', OR 'L', EITHER THE CREDIT ACTION DATE (DOCA) OR THE

SUSPENSION/TERMINATION DATE (DOST) WILL ALWAYS BE PRESENT.

THE DOST IS NOT POPULATED FOR OTHER LAF CODES.

USED IN DIRECT BILL PROCESSING.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD OR BLANK

ALWAYS THE FIRST DAY OF THE MONTH

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_TYPE_REC_CD

FULL NAME: BENEFICIARY TYPE RECORD CODE

SHORT NAME: BENE TYPE RECORD CODE

SAS ALIAS: TYPEREC

DESCRIPTION:

THE CURRENT TYPE OF CROSS-REFERENCE OR TEMPORARY BENEFICIARY RECORD.

SOURCE: HCFA

CODES:

BLANK = N/A

B = CROSS-REFERENCE (INSERT CASE)

C = CLERICAL TEMPORARY RECORD

D = VERIFIED CROSS-REFERENCE

E = VERIFIED CLERICAL TEMPORARY RECORD

F = TEMPORARY RECORD OVER 60 DAYS

EDB DATA DICTIONARY

G = TEMPORARY RECORD OVER 90 DAYS

FOR OIG MSP QUERY:

A = ACTIVE

B = INACTIVE

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_VRFY_CRNT_SSN_SW

FULL NAME:

BENEFICIARY VERIFIED CURRENT SOCIAL SECURITY NUMBER SWITCH

SHORT NAME: VERIFY CURRENT SSN SWITCH

SAS ALIAS: VRFYSSN

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 11-11-94. NOT YET POPULATED.)

SWITCH INDICATING THAT THE SOCIAL SECURITY ADMINISTRATION

HAS VERIFIED THE BENEFICIARY'S CURRENT SOCIAL SECURITY NUMBER.

SOURCE: SSA

CODES:

Y = CURRENT SSN VERIFIED

N = CURRENT SSN NOT VERIFIED

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: CLRCL_MDCR_CARD_RQST_DT

FULL NAME: CLERICAL MEDICARE CARD REQUEST DATE

SHORT NAME: MEDICARE CARD REQUEST DATE

SAS ALIAS: MCRDT

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

A DATE THAT INDICATES THE DAY HCFA PROCESSED A BENEFICIARY'S REQUEST FOR A REPLACEMENT MEDICARE CARD. CLERICAL REQUESTS FOR REPLACEMENT MEDICARE CARDS ARE INITIATED IN SSA DISTRICT OFFICES AND IN HCFA'S ERNIE AND MCSC ONLINE UPDATE SYSTEMS. THIS FIELD IS BEING MAINTAINED TO TRACK POTENTIAL FRAUD SITUATIONS.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: CLRCL_MDCR_CARD_RQSTR_CD

FULL NAME: CLERICAL MEDICARE CARD REQUESTER CODE

SHORT NAME: MEDICARE CARD REQUESTER CODE

SAS ALIAS: MCRCD

DESCRIPTION:

(FIELD ADDED TO THE EDB ON 5/29/99.)

THE USER ID OF THE HCFA CUSTOMER SERVICE REPRESENTATIVE WHO PROCESSED A BENEFICIARY'S REQUEST FOR A REPLACEMENT MEDICARE CARD. THIS FIELD IS BEING MAINTAINED TO TRACK POTENTIAL FRAUD SITUATIONS.

SOURCE: HCFA

EDIT-RULES:

NON-BLANK

LENGTH: 8 (CHARACTER)

EDB NAME: CLRCL_NAME_CHG_SW

FULL NAME: CLERICAL NAME CHANGE SWITCH

SHORT NAME: CLERICAL NAME CHANGE SWITCH

SAS ALIAS: CLRNMCHG

DESCRIPTION:

EDB DATA DICTIONARY

A SWITCH THAT PROTECTS A CLERICALLY CORRECTED SURNAME FROM BEING
CHANGED BY AN SSA UPDATE TRANSACTION.

SOURCE: HCFA

CODES:

1 = CLERICAL NAME CHANGE PROCESSED: PROTECT THE EDB SURNAME
FROM BEING CHANGED BY AN SSA UPDATE TRANSACTION

BLANK = NAME NOT PROTECTED FROM CHANGE

LENGTH: 1 (CHARACTER)

EDB NAME: CLRCL_SEX_CRCTN_SW

FULL NAME: CLERICAL SEX CORRECTION SWITCH

SHORT NAME: CLERICAL SEX CORRECTION SWITCH

SAS ALIAS: CLRSEX

DESCRIPTION:

A SWITCH THAT PROTECTS A CLERICALLY CORRECTED EDB BENE_SEX_IDENT_CD
FROM BEING CHANGED BY AN SSA UPDATE TRANSACTION.

SOURCE: HCFA

CODES:

1 = CLERICAL SEX CODE CHANGE PROCESSED: PROTECT THE EDB SEX CODE
FROM BEING CHANGED BY AN SSA UPDATE TRANSACTION

BLANK = NO CLERICAL CORRECTION APPLIED

LENGTH: 1 (CHARACTER)

EDB NAME: DB_TRANS_ORG_CD

FULL NAME: DIRECT BILL TRANSACTION ORGANIZATION CODE

SHORT NAME: DB TRANSACTION ORGANIZATION CODE

SAS ALIAS: DBTOC

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A CODE THAT IDENTIFIES THE SOURCE WITHIN AN ORGANIZATION THAT
INITIATED A DIRECT BILL TRANSACTION.

SOURCE: HCFA

CODES:

FOR DB_TRANS_ORG_TYPE_CD = '1' (HCFA)

C = CYCLICAL BATCH PROCESSING (ACCRUAL, BILLING, REFUNDS)

D = DAILY BATCH PROCESSING (REFUNDS)

W = WRITE OFF

1 = BPO/OBS (*NOT CURRENTLY USED*)

FOR DB_TRANS_ORG_TYPE_CD = '2' (SSA)

1-9 = THE PROGRAM SERVICE CENTER NUMBER FROM THE INPUT FILE

FOR DB_TRANS_ORG_TYPE_CD = '3' (LOCKBOX BANKER)

BLANK - NOT USED

FOR DB_TRANS_ORG_TYPE_CD = '4' (SSA CER) AND '9' (SOBER CONVERSIONS)

MBR SSC/SSSC - THE SSA OBJECT PROGRAM CODE THAT INITIATED THE CER

A = ECJURIS (RRB JURISDICTION CHANGE)

B = PMADCAP (MANUAL ADJUSTMENTS, CREDITS, AWARDS)

C = SALT (SUSPENSIONS/TERMINATIONS)

D = CACHAFF (ADDRESS CHANGE)

E,F,Q = TASTE (STUDENT ANNOTATIONS, SUSPENSIONS, ATTAINMENTS)

G, = ASajs1

J = RCREACT (RETURNED CHECK ACTION)

K = ASajs3

M,N,P,Y = TATTER (DEATH, TERMINATIONS, DISABILITY CESSATION)

S = ECPEPPER/ECTPAO/ECMADSO (SMI ENROLLMENTS/WITHDRAWALS
AND THIRD PARTY ACCRETIONS/DELETIONS)

U = BENDEX (BENEFICIARY DATA EXCHANGE)

V = MLMCOR (MISCELLANEOUS CORRECTIONS)

W = MSDELBIS (DUAL ENTITLEMENT)

2 = ROAR (RECOVERY OVERPAYMENT)

= BACON (BENEFICIARY ANNOTATIONS)

LENGTH: 3 (CHARACTER)

EDB NAME: DB_TRANS_ORG_TYPE_CD

FULL NAME: DIRECT BILL TRANSACTION ORGANIZATION TYPE CODE

SHORT NAME: DB TRANSACTION ORGANIZATION TYPE

SAS ALIAS: DBTOT

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
A CODE THAT IDENTIFIES THE ORGANIZATION OR PROGRAM THAT INITIATED
THE DIRECT BILL TRANSACTION.

SOURCE: HCFA/SSA

CODES:

- 1 = HCFA (DDBMACR* MONTHLY ACCRUAL PROGRAM;
DDBMBIL* MONTHLY BILLING PROGRAM;
DDBDRFND DAILY/QUARTERLY REFUND PROGRAM;
ERNIE ONLINE UPDATE)
- 2 = SSA (DDBDRASN DAILY ADJUSTMENTS AND CORRECTIONS RECEIVED
FROM SSA PROGRAM SERVICE CENTERS;
DDBDRFND DAILY/QUARTERLY REFUND PROGRAM;
SOBER CONVERSION PROGRAM)
- 3 = LOCKBOX BANKER (DDBDBNKR DAILY REMITTANCE PROGRAM;
SOBER CONVERSION PROGRAM)
- 4 = SSA COMBINED EXCHANGE RECORD (CER) UPDATE
(ETUMUP* DAILY SSA UPDATE PROGRAM;
SOBER CONVERSION PROGRAM)
- 9 = SOBER SYSTEM CONVERSION RECORD - SOURCE UNKNOWN

LENGTH: 1 (CHARACTER)

EDB NAME: DB_TRANS_USER_IDENT_NAME

FULL NAME: DIRECT BILL TRANSACTION USER IDENTIFICATION NAME

SHORT NAME: DB TRANSACTION ORGANIZATION USER ID

SAS ALIAS: DBTOU

DESCRIPTION:

(DIRECT BILLING TRANSACTION FILE ADDED TO THE EDB ON 12/11/95.
DIRECT BILL TRANSACTION FIELDS FIRST POPULATED AFTER 09/02/96.)
THE USER ID OF THE PERSON WHO INITIATED AN ONLINE ERNIE UPDATE
ACTION FOR AN EDB DIRECT BILL BENEFICIARY.

SOURCE: HCFA

LENGTH: 4 (CHARACTER)

EDB NAME: DSCRPTNT_BENE_NAME_SW

FULL NAME: DISCREPANT BENEFICIARY NAME SWITCH

SHORT NAME: DISCREPANT BENE NAME SWITCH

SAS ALIAS: DSCRNAME

DESCRIPTION:

A SWITCH THAT INDICATES THAT THE SSA CER TRANSACTION'S GIVEN NAME
OR SURNAME FIELD DISAGREES WITH THE NAME HOUSED IN THE CER'S
PAYMENT NAME/ADDRESS LINES.

SOURCE: HCFA

CODES:

- 1 = DISCREPANT BENEFICIARY NAME: THE SSA TRANSACTION'S NAME LEGEND
IS DIFFERENT THAN THE NAME IN THE ADDRESS LEGEND
- BLANK = BENEFICIARY'S NAME IS NOT DISCREPANT

LENGTH: 1 (CHARACTER)

EDB NAME: EDB_BENE_PTA_PRM_PYR_CD

FULL NAME: EDB BENEFICIARY PART A PREMIUM PAYER CODE

SHORT NAME: PART A PREMIUM PAYER CODE

SAS ALIAS: PTAPYRCD

DESCRIPTION:

A CODE THAT INDICATES THE SOURCE OF THE THIRD PARTY PART A PREMIUM PAYER BUY-IN. UPDATED MONTHLY BY THE THIRD PARTY SYSTEM.

SOURCE: HCFA'S THIRD PARTY PREMIUM COLLECTION SYSTEM (SPACE)

CODES:

0 = PREVIOUSLY INVOLVED IN PART A THIRD PARTY BILLING

1 = STATE BILLING

7 = PRIVATE THIRD PARTY BILLING

BLANK = NO CURRENT OR PRIOR PART A THIRD PARTY BILLING

M204-ATTRIBUTES: KEY, DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: EDB_BENE_PTB_PRM_PYR_CD

FULL NAME: EDB BENEFICIARY PART B PREMIUM PAYER CODE

SHORT NAME: PART B PREMIUM PAYER CODE

SAS ALIAS: PTBPYRCD

DESCRIPTION:

A CODE THAT INDICATES THE SOURCE OF THE THIRD PARTY PART B PREMIUM PAYER BUY-IN. UPDATED MONTHLY BY THE THIRD PARTY SYSTEM.

SOURCE: HCFA'S THIRD PARTY PREMIUM COLLECTION SYSTEM (SPACE)

CODES:

0 = PREVIOUSLY INVOLVED IN PART B THIRD PARTY BILLING

1 = STATE BILLING

5 = CIVIL SERVICE

7 = PRIVATE THIRD PARTY BILLING

BLANK = NO CURRENT OR PRIOR PART B THIRD PARTY BILLING

M204-ATTRIBUTES: KEY, DEFERRED

LENGTH: 1 (CHARACTER)

EDB NAME: EDB_NTFCTN_CD

FULL NAME: ENROLLMENT DATA BASE NOTIFICATION CODE

SHORT NAME: EDB NOTIFICATION CODE

SAS ALIAS: NTFCD

DESCRIPTION:

IDENTIFIES THE AGENCY OR SYSTEM THAT IS TO RECEIVE AN
EDB NOTIFICATION RECORD.

SOURCE: HCFA

CODES:

01 = COMMON WORKING FILE	(DAILY)
02 = GROUP HEALTH ORGANIZATION	(DAILY)
03 = HICARD	(WEEKLY)
04 = EXCEPTION SYSTEM	(DAILY)
05 = SSA	(DAILY)
06 = RAILROAD BOARD	(WEEKLY)
07 = THIRD PARTY	(MONTHLY)
08 = INACTIVE SYSTEM	(MONTHLY--OBSOLETE)
09 = DATE OF DEATH - DISCREPANCY	(WEEKLY)
10 = DIRECT BILL	(DAILY)
11 = END-STAGE RENAL DISEASE	(DAILY)
12 = BERT/ERNIE ONLINE NOTIFICATION	(DAILY)
13 = GROUP HEALTH ORGANIZATION	(MONTHLY)
14 = RESERVED FOR FUTURE USE	
15 = RESERVED FOR FUTURE USE	
16 = RESERVED FOR FUTURE USE	
17 = RESERVED FOR FUTURE USE	
18 = RESERVED FOR FUTURE USE	
19 = RESERVED FOR FUTURE USE	
20 = RESERVED FOR FUTURE USE	

LENGTH: 2 (CHARACTER)

EDB NAME: EDB_NTFCTN_DT

FULL NAME: ENROLLMENT DATA BASE NOTIFICATION DATE

SHORT NAME: EDB NOTIFICATION DATE

SAS ALIAS: NTFBEG

DESCRIPTION:

DATE THE NOTIFICATION WAS WRITTEN TO THE EDB.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

LENGTH: 8 (CHARACTER)

EDB NAME: EDB_NTFCTN_REC_TYPE_CD

FULL NAME: ENROLLMENT DATA BASE NOTIFICATION RECORD TYPE CODE

SHORT NAME: EDB NOTIFICATION RECORD CODE

SAS ALIAS: NTFTYP

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF NOTIFICATION RECORD

SOURCE: HCFA

CODES:

IF EDB_NTFCTN_CD = '01' (CWF, DAILY)

01 = DELETE RECORD FROM CWF SITE

02 = EDB ACCRETION: GENERATE CWF TRANSFER

03 = CWF OVERLAY OF EDB IDENTIFICATION DATA

04 = GH0 RECORD

10 = OUT-OF-SERVICE-AREA RESPONSE

IF EDB_NTFCTN_CD = '02' (GH0, DAILY)

01 = GH0 TRIGGER RECORD

IF EDB_NTFCTN_CD = '03' (HICARD, WEEKLY)

01 = MEDICARE HI CARD TRIGGER RECORD

IF EDB_NTFCTN_CD = '04' (DIRT, DAILY)

01 = CLERICAL EXCEPTION RECORD

IF EDB_NTFCTN_CD = '05' (SSA, DAILY)

01 = SSA URIC REQUEST RECORD

02 = SSA MBR DATE-OF-DEATH ALERT

03 = SSA DISTRICT OFFICE EXCEPTION

05 = SSA REVERSE ENTITLEMENT TERMINATION RECORD

IF EDB_NTFCTN_CD = '06' (RRB, WEEKLY)

01 = RRB EXCEPTION (RIC F)

02 = RRB EXCEPTION (RIC B)

03 = RRB TQ8 RECORD

05 = RRB URIC REQUEST RECORD

06 = RRB DATE OF DEATH EXCHANGE RECORD

07 = RRB DISCREPANT DATE OF DEATH RECORD

IF EDB_NTFCTN_CD = '07' (THIRD PARTY, MONTHLY)

01 = THIRD PARTY TRIGGER RECORD

02 = THIRD PARTY QUALIFIED MEDICARE BENE (QMB) RECORD

IF EDB_NTFCTN_CD = '08' (INACTIVE RETRIEVAL SYSTEM--OBSOLETE)

01 = RETRIEVAL REQUEST

02 = DELETE REQUEST

IF EDB_NTFCTN_CD = '09' (SSA PSC, WEEKLY)

01 = PSC DISCREPANT DATE-OF-DEATH ALERT

IF EDB_NTFCTN_CD = '10' (DIRECT BILLING, DAILY)

01 = PSC ALERT

IF EDB_NTFCTN_CD = '11' (ESRD, DAILY)

01 = ESRD TRIGGER RECORD

EDB DATA DICTIONARY

IF EDB_NTFCTN_CD = '12' (ETUNT12, DAILY)

02 = ONLINE REQUEST TO CREATE A GHO NOTIFICATION (02 01)

03 = ONLINE REQUEST TO CREATE AN HICARD NOTIFICATION (03 01)

IF EDB_NTFCTN_CD = '13' (GHP, MONTHLY)

01 = THIRD PARTY (PREMIUM PAYER) UPDATE

LENGTH: 2 (CHARACTER)

EDB NAME: EDB_NTFCTN_TIME

FULL NAME: ENROLLMENT DATA BASE NOTIFICATION TIME

SHORT NAME: EDB NOTIFICATION TIME

SAS ALIAS: NTFTM

DESCRIPTION:

TIME THE NOTIFICATION WAS WRITTEN TO THE EDB.

SOURCE: HCFA

EDIT-RULES:

HHMMSS

LENGTH: 6 (CHARACTER)

EDB NAME: EDB_NTFCTN_REC1

FULL NAME: ENROLLMENT NOTIFICATION RECORD (PART1: 1-255)

SHORT NAME: EDB NOTIFICATION RECORD (1-400)

SAS ALIAS: NTFREC (1-400)

COBOL ALIAS: EDB_NTFCTN_REC (POSITIONS 1-255)

DESCRIPTION:

THE FIRST PART OF THE FORMATTED EDB NOTIFICATION RECORD.

EDB_NTFCTN_REC1 AND EDB_NTFCTN_REC2 COMBINE TO MAKE UP THE
FULL 400 CHARACTER EDB NOTIFICATION RECORD.

SOURCE: HCFA

EDIT-RULES:

NON-BLANK

LENGTH: 255 (CHARACTER)

EDB NAME: EDB_NTFCTN_REC2

FULL NAME: ENROLLMENT NOTIFICATION RECORD (PART2: 256-400)

SHORT NAME: EDB NOTIFICATION RECORD (1-400)

SAS ALIAS: NTFREC (1-400)

COBOL ALIAS: EDB_NTFCTN_REC (POSITIONS 256-400)

DESCRIPTION:

THE SECOND PART OF THE FORMATTED EDB NOTIFICATION RECORD.

EDB_NTFCTN_REC1 AND EDB_NTFCTN_REC2 COMBINE TO MAKE UP THE
FULL 400 CHARACTER EDB NOTIFICATION RECORD.

SOURCE: HCFA

EDIT-RULES:

OPTIONAL: MAY CONTAIN BLANKS

LENGTH: 145 (CHARACTER)

EDB NAME: EDB_REC_IDENT_CD

FULL NAME: ENROLLMENT DATA BASE RECORD IDENTIFICATION CODE

SHORT NAME: RECORD IDENT CODE

SAS ALIAS: RIC

DESCRIPTION:

ON THE ENROLLMENT DATABASE, THIS CODE INDICATES WHETHER THE EDB RECORD CONTAINS FULL INFORMATION OR ONLY SKELETON DATA. ACTIVE EDB RECORDS CONTAIN FULL INFORMATION. SKELETON RECORDS EXIST FOR CERTAIN DEAD PEOPLE WHO WERE PURGED FROM THE ACTIVE AND INACTIVE ENROLLMENT MASTER FILES PRIOR TO 1978. SKELETON RECORDS INCLUDE ONLY NAME, DATE OF BIRTH, DATE OF DEATH, SEX CODE, RACE CODE AND SOME RESIDENCE DATA.

ON THE UNLOADED, SEQUENTIAL EDB FILE, THIS CODE IS USED TO IDENTIFY EACH OCCURRENCE OF THE VARIOUS EDB RELATIONS.

SOURCE: HCFA

EDIT-RULES:

REQUIRED FOR AN EDB ACCRETION; PROTECTED FROM UPDATE.

CODES:

ENROLLMENT DATABASE:

A = ACTIVE RECORD

B = SKELETON RECORD

UNLOADED EDB SEQUENTIAL FILE:

A = ACTIVE IDENTIFICATION RECORD

B = SKELETON IDENTIFICATION RECORD

C = PART A ENTITLEMENT RECORD

D = PART B ENTITLEMENT RECORD

F = PRIMARY PAYER RECORD

G = HOSPICE RECORD

H = GROUP HEALTH ORGANIZATION RECORD

I = SSA BENEFIT PAYMENT RECORD

J = ENTITLEMENT REASON RECORD

L = MEDICARE QUALIFIED GOVERNMENT EMPLOYEE RECORD

M = PART A PREMIUM EXCEPTION RATE RECORD

N = PART B PREMIUM EXCEPTION RATE RECORD

O = RESIDENCE RECORD

P = DIRECT BILLING CONTROL RECORD

Q = DIRECT BILLING PART A PERIOD RECORD

R = DIRECT BILLING PART B PERIOD RECORD

S = END STAGE RENAL DISEASE COVERAGE RECORD

T = END STAGE RENAL DISEASE DIALYSIS RECORD

U = END STAGE RENAL DISEASE TRANSPLANT RECORD

W = COMMON WORKING FILE LOCATION RECORD

X = MEDICARE STATUS RECORD

Y = MEDICARE CARD REQUEST HISTORY RECORD

Z = DISABILITY RECORD

1 = SECONDARY SURNAME RECORD (EXTENSION OF
EDB_REC_IDENT_CD 'A' OR 'B')

2 = SECONDARY SSN RECORD (EXTENSION OF
EDB_REC_IDENT_CD 'A')

3 = SECONDARY XREF RECORD (EXTENSION OF
EDB_REC_IDENT_CD 'A')

8 = UPDATE HISTORY RECORD

9 = INVISIBLE INDEX ELEMENTS RECORD

M204-ATTRIBUTES: KEY, DEFERRED, PRE-ALLOCATED
LENGTH: 1 (CHARACTER)

EDB NAME: EDB_UPDT_HSTRY_CHG_DT

FULL NAME: EDB UPDATE HISTORY CHANGE DATE

SHORT NAME: EDB UPDATE HISTORY CHANGE DATE

SAS ALIAS: UPHDT

DESCRIPTION:

THE DATE OF THE MOST RECENT UPDATE TO AN EDB RECORD. THE LAST FIVE OCCURRENCES OF THIS FIELD ARE MAINTAINED BY THE EDB APPLICATION INTERFACE FACILITY (AIF).

THE DATE CANNOT BE UPDATED BY APPLICATION PROGRAMS.

SOURCE: HCFA (EDB AIF)

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: EDB_UPDT_HSTRY_PGM_CD

FULL NAME: EDB UPDATE HISTORY PROGRAM CODE

SHORT NAME: EDB UPDATE HISTORY PROGRAM CODE

SAS ALIAS: UPHPID

DESCRIPTION:

THE PROGRAM IDENTIFICATION OF THE PROGRAM THAT LAST UPDATED AN EDB RECORD. THE LAST FIVE OCCURRENCES OF THE UPDATE PROGRAM'S ID ARE MAINTAINED BY THE EDB APPLICATION INTERFACE FACILITY (AIF).

THE PROGRAM ID CANNOT BE UPDATED BY APPLICATION PROGRAMS.

SOURCE: HCFA (EDB AIF)

LENGTH: 8 (CHARACTER)

EDB NAME: EDB_UPDT_HSTRY_SYS_CD

FULL-NAME: EDB UPDATE HISTORY SYSTEM CODE

SHORT NAME: EDB UPDATE HISTORY SYSTEM CODE

SAS ALIAS: UPHSID

COBOL ALIAS: EDB-UPDT-CRNT-SYS-CD-REL (GROUP NAME)

EDB-UPDT-CRNT-SYS-CD (POSITION #1 OF GROUP)

EDB-UPDT-CRNT-SUBSYS-CD (POSITION #2 OF GROUP)

DESCRIPTION:

THE SSA MBR SEARCH SORT CODE AND SUB-SEARCH SORT CODE THAT IDENTIFY THE SSA OBJECT PROGRAM THAT CAUSED A CER TRANSACTION TO BE GENERATED.

SOURCE: HCFA (EDB AIF)

CODES:

THE SOCIAL SECURITY ADMINISTRATION'S SEARCH SORT CODE (SSC) AND AND SUB-SEARCH SORT CODE (SSSC) ARE DOCUMENTED IN SSA'S MBR (360) SPREAD RECORD SPECIFICATION.

SOME COMMON SSC CODES ARE LISTED HERE.

A = ECJURIS	K = ASajs3	2 = ROAR
B = MADCAP	P = TATTER	6 = SCMAP
G = ASajs1	S = PEPPER	7 = ASajs3
J = RCREACT		8 = ASajs1

FOR RAILROAD BOARD ACCRETIONS (RIC F), CODE 'RF' IS USED.

FOR RAILROAD BOARD UPDATES (RIC B), CODE 'RB' IS USED.

EDIT-RULES:

MAY CONTAIN BLANKS

LENGTH: 2 (CHARACTER)

EDB NAME: MQGE_BENE_STUS_CD

FULL NAME:

MEDICARE QUALIFIED GOVERNMENT EMPLOYEE BENE STATUS CODE

SHORT NAME: MQGE STATUS CODE

SAS ALIAS: MQGST

DESCRIPTION:

THE STATUS OF A CURRENT OR RETIRED GOVERNMENT EMPLOYEE WHO IS
CURRENTLY ENTITLED TO MEDICARE COVERAGE.

SOURCE: SSA

CODES:

- 0 = PREVIOUSLY IDENTIFIED AS DEEMED OR FULLY
INSURED MQGE WAS INCORRECT; NO MQGE
- 1 = CURRENTLY OR PREVIOUSLY IDENTIFIED AS
A FULLY INSURED MQGE ON THIS OR ANOTHER
CLAIM NUMBER.
- 2 = CURRENTLY IDENTIFIED AS A DEEMED
INSURED MQGE.
- 3 = PREVIOUSLY IDENTIFIED AS A DEEMED
INSURED MQGE ON THIS OR ANOTHER CLAIM
NUMBER, BUT NOW FULLY INSURED
EITHER AS AN MQGE OR SSA BENEFICIARY.

LENGTH: 1 (CHARACTER)

EDB NAME: MQGE_BENE_STUS_CD_CHG_DT

FULL NAME:

MEDICARE QUALIFIED GOVERNMENT EMPLOYEE STATUS CODE CHANGE DATE

SHORT NAME: MQGE STATUS CODE CHANGE DATE

SAS ALIAS: MQGBEG

DESCRIPTION:

THE DATE ON WHICH THE MQGE_BENE_STUS_CD CHANGED OR WAS INITIATED.

SOURCE: HCFA

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: SSA_RRB_ACTN_PRCSG_DT

FULL NAME: SSA RRB ACTION PROCESSING DATE

SHORT NAME: SSA RR BOARD ACTION PROCESSING DATE

SAS ALIAS: RRBPRCSG

DESCRIPTION:

THE DATE THAT THE EDB RECORD WAS LASTED UPDATED BY A SSA MASTER
BENEFICIARY RECORD (MBR) CER TRANSACTION OR BY A RAILROAD
RETIREMENT BOARD (RRB) CER TRANSACTION.

SOURCE: SSA/RRB

EDIT-RULES:

YYYYMMDD

M204-ATTRIBUTES: BINARY

LENGTH: 8 (CHARACTER)

EDB NAME: SSI_SRC_CD

FULL NAME: SUPPLEMENTAL SECURITY INCOME SOURCE CODE

SHORT NAME: SUPPLEMENT SECURITY INCOME SRCE CODE

SAS ALIAS: SSISRC

DESCRIPTION:

A CODE THAT IDENTIFIES SSA LAF N DENIAL CASES. THESE BENEFICIARIES ARE UN-INSURED FOR SSA BENEFITS BUT ARE ELIGIBLE FOR MEDICARE. MEDICARE WAS DENIED BECAUSE THE CLAIM WAS FILED OUTSIDE OF THE INITIAL ENROLLMENT PERIOD (IEP) AND THE GENERAL ENROLLMENT PERIOD (GEP). THESE DENIAL RECORDS ARE STORED ON THE EDB SO THAT THEY CAN BE INCLUDED IN THE NEXT GEP SELECTION.

**OBSOLETE: THE ORIGIN OF SUPPLEMENTAL SECURITY INCOME (SSI) BENEFICIARY INFORMATION.

SOURCE: SSA, HCFA

CODES:

BLANK = NORMAL ACTIVE EDB RECORD

A = ACCRETION SSI LEAD (**OBSOLETE IN 1997)

F = GEP LEAD (SSA LAF CODE 'N' DENIAL CASE, ESTABLISHED ON THE EDB OUTSIDE OF THE IEP OR GEP)

LENGTH: 1 (CHARACTER)

EDB NAME: VRFY_BENE_DEATH_DAY_SW

FULL NAME: VERIFY BENEFICIARY DEATH DAY SWITCH

SHORT NAME: VERIFY BENE DEATH DAY SWITCH

SAS ALIAS: VRFYDTH

DESCRIPTION:

INDICATES WHETHER A BENEFICIARY'S EXACT DAY OF DEATH HAS BEEN VERIFIED. (E.G., THE TENTH OF THE MONTH)

SOURCE: SSA

CODES:

Y = DAY OF DEATH VERIFIED

N = DAY OF DEATH NOT VERIFIED

LENGTH: 1 (CHARACTER)

EDB NAME: XREF_BENE_CLM_ACNT_NUM

FULL NAME: CROSS-REFERENCE BENEFICIARY CLAIM ACCOUNT NUMBER

SHORT NAME: XREF CLAIM ACCOUNT NUMBER

SAS ALIAS: XRFCAN

DESCRIPTION:

AN ADDITIONAL BENEFICIARY CLAIM ACCOUNT NUMBER ASSOCIATED WITH THE MEDICARE BENEFICIARY. THE BENEFICIARY'S ENTITLEMENT HAS BEEN CROSS-REFERRED FROM THIS NUMBER TO THE BENEFICIARY'S ACTIVE CLAIM ACCOUNT NUMBER.

SOURCE: SSA/RRB

M204-ATTRIBUTES: BINARY

LENGTH: 9 (CHARACTER)

VIEW NAME: XREF_BENE_CLM_NUM **

FULL NAME: CROSS-REFERENCE BENEFICIARY CLAIM NUMBER

SHORT NAME: XREF HEALTH INSURANCE CLAIM NUMBER

SAS ALIAS: XRFHIC

DESCRIPTION:

EDB DATA DICTIONARY

(**THIS FIELD DOES NOT EXIST AS A SEPARATE FIELD ON THE EDB.
IT IS A GROUP DEFINITION VIEW NAME THAT INCLUDES
XREF_BENE_CLM_ACNT_NUM AND XREF_BENE_IDENT_CD.)
AN ADDITIONAL BENEFICIARY CLAIM NUMBER ASSOCIATED WITH THE
MEDICARE BENEFICIARY. THE BENEFICIARY'S ENTITLEMENT HAS BEEN
CROSS-REFERRED FROM THIS NUMBER TO THE BENEFICIARY'S ACTIVE CLAIM
NUMBER.

SOURCE: SSA/RRB

LENGTH: 11 (CHARACTER)

EDB DATA DICTIONARY

EDB NAME: XREF_BENE_IDENT_CD

FULL NAME: CROSS-REFERENCE BENEFICIARY IDENTIFICATION CODE

SHORT NAME: XREF BENE IDENT CODE

SAS ALIAS: XRFBIC

DESCRIPTION:

THE BENEFICIARY IDENTIFICATION CODE ASSOCIATED WITH THE MEDICARE
BENEFICIARY'S CROSS-REFERRED CLAIM ACCOUNT NUMBER

SOURCE: SSA/RRB

EDIT-RULES:

REQUIRED FOR EACH OCCURRENCE OF XREF_BENE_CLM_ACNT_NUM

CODES:

SEE BENE_IDENT_CD FOR A LIST OF VALUES

LENGTH: 2 (CHARACTER)

**PART 5. THIRD PARTY (PREMIUM PAYER) DATA FIELDS
THAT CAN BE INCLUDED IN AN EDB WORKBENCH VIEW**

The following fields are contained in the THIRD PARTY M204 DATABASE.
They can be included in an EDB view and retrieved by the EDB AIF.
They cannot be updated by the EDB AIF.

EDB NAME: BENE_PTA_TP_ACRTN_ADJSTMT_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY ACCRETION ADJUSTMENT CODE

SHORT NAME: PART A THIRD PARTY ACCRET ADJMT CODE

SAS ALIAS: PATAAJ

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF THIRD PARTY PART A ACCRETION
ADJUSTMENT ACTION TAKEN (MOVING THE ACCRETION DATE EITHER
FORWARD OR BACKWARD IN TIME), AND THE REASON FOR THE ADJUSTMENT.

CODES:

C = OPM ACCRETED THE BENEFICIARY DURING THE 8/82 AND 9/82
OPM/SPACE RECONCILIATION BILLING

E = THE PREVIOUS START DATE WAS ADJUSTED TO AN EARLIER DATE

J = THE ACCRETION WAS CREATED IN THE 3/77 OR 5/77 MBR/SPACE
RECONCILIATION BILLING

L = THE PREVIOUS START DATE WAS ADJUSTED TO A LATER DATE

R = THE ACCRETION WAS CREATED IN THE 4/87
MBR/SPACE RECONCILIATION BILLING

V = THE PREVIOUS START DATE WAS ADJUSTED DUE TO AN OPM
RIC V TRANSACTION

5 = THE NEW ACCRETION DATE WAS ADJUSTED TO A LATER DATE DUE
TO A PRIOR HISTORY OVERLAP INVOLVING THE SAME AGENCIES

7 = A NEW OPM INITIATED ACCRETION CONTAINS AN ADJUSTED DATE
THAT IS LATER THAN REQUESTED DUE TO POLICY

8 = THE NEW ACCRETION DATE WAS ADJUSTED TO A LATER DATE DUE
TO A PRIOR HISTORY OVERLAP INVOLVING DIFFERENT AGENCIES.

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_TP_ACRTN_BLG_MO_DT

FULL NAME:

BENEFICIARY PART A THIRD PARTY ACCRETION BILLING MONTH DATE

SHORT NAME: PART A THIRD PARTY ACCRET BILL MONTH

SAS ALIAS: PATAMO

DESCRIPTION:

DATE INDICATING THE YEAR AND MONTH THAT THE THIRD PARTY SYSTEM
PROCESSED A THIRD PARTY AGENCY'S PART A ACCRETION ACTION.

(ALSO KNOWN AS THE BILLING CYCLE DATE OR BILLING PERIOD FOR
THIRD PARTY PREMIUMS.)

EDIT-RULES:

YYYYMM

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTA_TP_ACRTN_TRANS_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY ACCRETION TRANSACTION CODE

SHORT NAME: PART A THIRD PARTY ACCRET TRANS CODE

SAS ALIAS: PATATC

DESCRIPTION:

A NUMERIC CODE INDICATING THE ACCRETION OF A BENEFICIARY TO A
THIRD PARTY AGENCY THAT IS RESPONSIBLE FOR PAYING THE PART A
MEDICARE PREMIUM.

CODES:

SEE THE THIRD PARTY TRANSACTION CODE TABLE AT THE END OF THIS SECTION

LENGTH: 4 (CHARACTER)

EDB NAME: BENE_PTA_TP_BUYIN_ELGLTY_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY BUYIN ELIGIBILITY CODE

SHORT NAME: PART A THIRD PARTY BUY-IN ELIG. CODE

SAS ALIAS: PATBUY

DESCRIPTION:

A CODE THAT INDICATES THE REASON FOR STATE BUY-IN ELIGIBILITY.

CODES:

A = AGED RECIPIENT OF SSI PAYMENTS. (HCFA TO STATE)
B = BLIND RECIPIENT OF SSI PAYMENTS. (HCFA TO STATE)
C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO HCFA)
D = DISABLED RECIPIENT OF SSI PAYMENTS (HCFA TO STATE)
E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT
ADMINISTERED BY SSA (HCFA TO STATE)
F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT
ADMINISTERED BY SSA (HCFA TO STATE)
G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT
ADMINISTERED BY SSA (HCFA TO STATE)
H = AGED, BLIND, OR DISABLED RECIPIENT
OF A ONE TIME PAYMENT (OTP) (HCFA TO STATE)
M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO),
NON-CASH RECIPIENT (STATE TO HCFA)
Z = DEEMED CATEGORICALLY NEEDY (STATE TO HCFA)

NOTE: STATES CAN USE ANY OTHER ALPHABETIC CHARACTER.

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_TP_DLTN_ADJSTMT_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY DELETION ADJUSTMENT CODE

SHORT NAME: PART A THIRD PARTY DEL ADJUST CODE

SAS ALIAS: PATDAJ

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF THIRD PARTY PART A DELETION
ADJUSTMENT ACTION TAKEN (MOVING THE DELETION DATE EITHER
FORWARD OR BACKWARD IN TIME), AND THE REASON FOR THE ADJUSTMENT.

CODES:

E = THE PREVIOUS STOP DATE WAS ADJUSTED TO AN EARLIER DATE

J = THE DELETION ADJUSTMENT WAS CREATED IN THE 3/77 OR 5/77
MBR/SPACE RECONCILIATION BILLING

L = THE PREVIOUS STOP DATE WAS ADJUSTED TO A LATER DATE.

N = THE DELETION WAS CREATED IN THE 1/81 OR 2/81 SSI/SPACE
RECONCILIATION BILLING BECAUSE THE SSI RECORD WAS NIFS = THE DELETION WAS CREATED IN THE 1/81 OR 2/81 SSI/SPACE
RECONCILIATION BILLING BECAUSE SSI WAS DELETEDV = THE PREVIOUS STOP DATE WAS ADJUSTED DUE TO AN OPM RIC V
TRANSACTIONY = THE DELETION WAS CREATED IN THE 8/75 MBR/SPACE
RECONCILIATION BECAUSE THE MBR INDICATED DELETED STATUS

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_TP_DLTN_BLG_MO_DT

FULL NAME:

BENEFICIARY PART A THIRD PARTY DELETION BILLING MONTH DATE

SHORT NAME: PART A THIRD PARTY DEL BILL MONTH

SAS ALIAS: PATDMO

DESCRIPTION:

DATE INDICATING THE YEAR AND MONTH THAT THE THIRD PARTY SYSTEM
PROCESSED A THIRD PARTY AGENCY'S PART A DELETION ACTION.

EDIT-RULES:

YYYYMM

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTA_TP_DLTN_TRANS_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY DELETION TRANSACTION CODE

SHORT NAME: PART A THIRD PARTY DEL TRANS CODE

SAS ALIAS: PATDTC

DESCRIPTION:

CODE INDICATES THE REASON FOR DELETION OF A BENEFICIARY FROM A
THIRD PARTY PART A AGENCY.

CODES:

SEE THE THIRD PARTY TRANSACTION CODE TABLE AT THE END OF THIS SECTION

LENGTH: 4 (CHARACTER)

EDB NAME: BENE_PTA_TP_PRM_PYR_CD

FULL NAME:

BENEFICIARY PART A THIRD PARTY PREMIUM PAYER CODE

SHORT NAME: PART A THIRD PARTY PREM. PAYER CODE

SAS ALIAS: PATPYR

ALIAS: TPCH

DESCRIPTION:

THE IDENTIFIER FOR A THIRD PARTY AGENCY (EITHER A PRIVATE GROUP,
OR A STATE BUY-IN AGENCY) RESPONSIBLE FOR PAYING A MEDICARE
BENEFICIARY'S PART A PREMIUMS.

SOURCE: SSA

CODES:

S01-S99 = STATE BILLING

T01-Z98 = PRIVATE THIRD PARTY BILLING

Z99 = CONDITIONAL STATE GROUP-PAYER ENROLLMENT

LENGTH: 3 (CHARACTER)

EDB NAME: BENE_PTA_TP_RFND_SW

FULL NAME: BENEFICIARY PART A THIRD PARTY REFUND SWITCH

SHORT NAME: PART A THIRD PARTY REFUND SWITCH

SAS ALIAS: PATREF

DESCRIPTION:

INDICATES THAT DURING A PERIOD OF THIRD PARTY PART A AGENCY
COVERAGE, EXCESS MEDICARE PART A PREMIUMS WERE REFUNDED TO THE
BENEFICIARY.

CODES:

R = EXCESS PREMIUM REFUNDED

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTA_TP_STRT_DT

FULL NAME: BENEFICIARY PART A THIRD PARTY START DATE

SHORT NAME: PART A THIRD PARTY START DATE

SAS ALIAS: PATBEG

ALIAS: TEDH

DESCRIPTION:

THE START DATE OF A PRIVATE THIRD PARTY GROUP'S OR STATE'S
LIABILITY FOR A BENEFICIARY'S PART A PREMIUM.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTA_TP_TRMNTN_DT

FULL NAME: BENEFICIARY PART A THIRD PARTY TERMINATION DATE

SHORT NAME: PART A THIRD PARTY TERMINATION DATE

SAS ALIAS: PATEND

ALIAS: TTDH

DESCRIPTION:

THE LAST DATE OF A PRIVATE THIRD PARTY GROUP'S OR STATE'S
LIABILITY FOR A BENEFICIARY'S PART A PREMIUM.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_TP_ACRTN_ADJSTMT_CD

FULL NAME:

BENEFICIARY PART B THIRD PARTY ACCRETION ADJUSTMENT CODE

SHORT NAME: PART B THIRD PARTY ACCRET ADJMT CODE

SAS ALIAS: PBTA AJ

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF THIRD PARTY PART B ACCRETION
ADJUSTMENT ACTION TAKEN (MOVING THE ACCRETION DATE EITHER
FORWARD OR BACKWARD IN TIME), AND THE REASON FOR THE ADJUSTMENT.

CODES:

C = OPM ACCRETED THE BENEFICIARY DURING THE 8/82 AND 9/82
OPM/SPACE RECONCILIATION BILLING

E = THE PREVIOUS START DATE WAS ADJUSTED TO AN EARLIER DATE

J = THE ACCRETION WAS CREATED IN THE 3/77 OR 5/77 MBR/SPACE
RECONCILIATION BILLING

L = THE PREVIOUS START DATE WAS ADJUSTED TO A LATER DATE

R = THE ACCRETION WAS CREATED IN THE 4/87

MBR/SPACE RECONCILIATION BILLING

V = THE PREVIOUS START DATE WAS ADJUSTED DUE TO AN OPM
RIC V TRANSACTION

5 = THE NEW ACCRETION DATE WAS ADJUSTED TO A LATER DATE DUE
TO A PRIOR HISTORY OVERLAP INVOLVING THE SAME AGENCIES

7 = A NEW OPM INITIATED ACCRETION CONTAINS AN ADJUSTED DATE
THAT IS LATER THAN REQUESTED DUE TO POLICY

8 = THE NEW ACCRETION DATE WAS ADJUSTED TO A LATER DATE DUE
TO A PRIOR HISTORY OVERLAP INVOLVING DIFFERENT AGENCIES.

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_TP_ACRTN_BLG_MO_DT

FULL NAME:

BENEFICIARY PART B THIRD PARTY ACCRETION BILLING MONTH DATE

SHORT NAME: PART B THIRD PARTY ACCRET BILL MONTH

SAS ALIAS: PBTAMO

DESCRIPTION:

DATE INDICATING THE YEAR AND MONTH THAT THE THIRD PARTY SYSTEM
PROCESSED A THIRD PARTY AGENCY'S PART B ACCRETION ACTION.
(ALSO KNOWN AS THE BILLING CYCLE DATE OR BILLING PERIOD FOR
THIRD PARTY PREMIUMS.)

EDIT-RULES:

YYYYMM

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTB_TP_ACRTN_TRANS_CD

FULL NAME:

BENEFICIARY PART B THIRD PARTY ACCRETION TRANSACTION CODE

SHORT NAME: PART B THIRD PARTY ACCRET TRANS CODE

SAS ALIAS: PBTATC

DESCRIPTION:

A NUMERIC CODE INDICATING THE ACCRETION OF A BENEFICIARY TO A
THIRD PARTY AGENCY THAT IS RESPONSIBLE FOR PAYING THE PART B
MEDICARE PREMIUM.

CODES:

SEE THE THIRD PARTY TRANSACTION CODE TABLE AT THE END OF THIS SECTION

LENGTH: 4 (CHARACTER)

EDB NAME: BENE_PTB_TP_BUYIN_ELGBLTY_CD

FULL NAME:

BENEFICIARY PART B THIRD PARTY BUYIN ELIGIBILITY CODE

SHORT NAME: PART B THIRD PARTY BUY-IN ELIG. CODE

SAS ALIAS: PBTBUY

ALIAS: BIEC

DESCRIPTION:

A CODE THAT INDICATES THE REASON FOR STATE BUY-IN ELIGIBILITY.

CODES:

A = AGED RECIPIENT OF SSI PAYMENTS. (HCFA TO STATE)

B = BLIND RECIPIENT OF SSI PAYMENTS. (HCFA TO STATE)

C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO HCFA)

D = DISABLED RECIPIENT OF SSI PAYMENTS (HCFA TO STATE)

E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT

ADMINISTERED BY SSA (HCFA TO STATE)

F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT

ADMINISTERED BY SSA (HCFA TO STATE)

G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT

ADMINISTERED BY SSA (HCFA TO STATE)

H = AGED, BLIND, OR DISABLED RECIPIENT

OF A ONE TIME PAYMENT (OTP) (HCFA TO STATE)

M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO),

NON-CASH RECIPIENT (STATE TO HCFA)

Z = DEEMED CATEGORICALLY NEEDY (STATE TO HCFA)

NOTE: STATES CAN USE ANY OTHER ALPHABETIC CHARACTER.

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_TP_DLTN_ADJSTMT_CD

FULL NAME:

BENEFICIARY PART B THIRD PARTY DELETION ADJUSTMENT CODE

SHORT NAME: PART B THIRD PARTY DEL ADJUST CODE

SAS ALIAS: PBTDAJ

DESCRIPTION:

A CODE THAT INDICATES THE TYPE OF THIRD PARTY PART B DELETION

ADJUSTMENT ACTION TAKEN (MOVING THE DELETION DATE EITHER

FORWARD OR BACKWARD IN TIME), AND THE REASON FOR THE ADJUSTMENT.

CODES:

E = THE PREVIOUS STOP DATE WAS ADJUSTED TO AN EARLIER DATE

J = THE DELETION ADJUSTMENT WAS CREATED IN THE 3/77 OR 5/77
MBR/SPACE RECONCILIATION BILLING

L = THE PREVIOUS STOP DATE WAS ADJUSTED TO A LATER DATE.

N = THE DELETION WAS CREATED IN THE 1/81 OR 2/81 SSI/SPACE
RECONCILIATION BILLING BECAUSE THE SSI RECORD WAS NIFS = THE DELETION WAS CREATED IN THE 1/81 OR 2/81 SSI/SPACE
RECONCILIATION BILLING BECAUSE SSI WAS DELETEDV = THE PREVIOUS STOP DATE WAS ADJUSTED DUE TO AN OPM RIC V
TRANSACTION

Y = THE DELETION WAS CREATED IN THE 8/75 MBR/SPACE

RECONCILIATION BECAUSE THE MBR INDICATED DELETED STATUS

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_TP_DLTN_BLG_MO_DT

FULL NAME:

BENEFICIARY PART B THIRD PARTY DELETION BILLING MONTH DATE

EDB DATA DICTIONARY

SHORT NAME: PART B THIRD PARTY DEL BILL MONTH

SAS ALIAS: PBTDMO

DESCRIPTION:

DATE INDICATING THE YEAR AND MONTH THAT THE THIRD PARTY SYSTEM
PROCESSED A THIRD PARTY AGENCY'S PART B DELETION ACTION.

EDIT-RULES:

YYYYMM

LENGTH: 6 (CHARACTER)

EDB NAME: BENE_PTB_TP_DLTN_TRANS_CD

FULL NAME: BENEFICIARY PART B THIRD PARTY DELETION TRANSACTION CODE

SHORT NAME: PART B THIRD PARTY DEL TRANS CODE

SAS ALIAS: PBTDTC

DESCRIPTION:

CODE INDICATES THE REASON FOR DELETION OF A BENEFICIARY FROM A
THIRD PARTY PART B AGENCY.

CODES:

SEE THE THIRD PARTY TRANSACTION CODE TABLE AT THE END OF THIS SECTION

LENGTH: 4 (CHARACTER)

EDB NAME: BENE_PTB_TP_PRM_PYR_CD

FULL NAME: BENEFICIARY PART B THIRD PARTY PREMIUM PAYER CODE

SHORT NAME: PART B THIRD PARTY PREM. PAYER CODE

SAS ALIAS: PBTPYR

ALIAS: TPCS

DESCRIPTION:

THE IDENTIFIER FOR A THIRD PARTY AGENCY (EITHER A PRIVATE GROUP,
STATE BUY-IN AGENCY OR THE OFFICE OF PERSONNEL MANAGEMENT (OPM))
RESPONSIBLE FOR PAYING A MEDICARE BENEFICIARY'S PART B PREMIUMS.

SOURCE: SSA

CODES:

BLANK = NO BILL DETERMINED.

000 = BENEFICIARY IS HAVING PART B PREMIUM
DEDUCTED FROM TITLE II CHECK.

001 = UNINSURED BENEFICIARY.

005 = INSURED BENEFICIARY.

006 = PROGRAM SERVICE CENTER (PSC) CONTROL, NO BILL.

007 = SPECIAL AGE 72 ENROLLEE.

008 = PSC ANNUAL BILLING.

010 = ALABAMA

020 = ALASKA

030 = ARIZONA

040 = ARKANSAS

050 = CALIFORNIA

060 = COLORADO

070 = CONNECTICUT

080 = DELAWARE

090 = DISTRICT OF COLUMBIA

100 = FLORIDA

110 = GEORGIA

120 = HAWAII

130 = IDAHO

140 = ILLINOIS

150 = INDIANA

160 = IOWA

170 = KANSAS

180 = KENTUCKY

190 = LOUISIANA

200 = MAINE

210 = MARYLAND

220 = MASSACHUSETTS

22A = MASSACHUSETTS BLIND

230 = MICHIGAN

240 = MINNESOTA

300 = NEW HAMPSHIRE

310 = NEW JERSEY

320 = NEW MEXICO

330 = NEW YORK

340 = NORTH CAROLINA

350 = NORTH DAKOTA

360 = OHIO

370 = OKLAHOMA

380 = OREGON

390 = PENNSYLVANIA

400 = PUERTO RICO

410 = RHODE ISLAND

420 = SOUTH CAROLINA

430 = SOUTH DAKOTA

440 = TENNESSEE

450 = TEXAS

460 = UTAH

470 = VERMONT

480 = VIRGIN ISLANDS

490 = VIRGINIA

500 = WASHINGTON

510 = WEST VIRGINIA

520 = WISCONSIN

530 = WYOMING

640 = SAMOA

EDB DATA DICTIONARY

250 = MISSISSIPPI 650 = GUAM
260 = MISSOURI
270 = MONTANA
280 = NEBRASKA
290 = NEVADA
700 = OFFICE OF PERSONNEL MANAGEMENT (OPM)
A01-R99 = GROUP PAYERS FOR PART B PREMIUMS
LENGTH: 3 (CHARACTER)

EDB NAME: BENE_PTB_TP_RFND_SW

FULL NAME: BENEFICIARY PART B THIRD PARTY REFUND SWITCH

SHORT NAME: PART B THIRD PARTY REFUND SWITCH

SAS ALIAS: PBTREF

DESCRIPTION:

INDICATES THAT DURING A PERIOD OF THIRD PARTY PART B AGENCY
COVERAGE, EXCESS MEDICARE PART B PREMIUMS WERE REFUNDED TO THE
BENEFICIARY.

CODES:

R = EXCESS PREMIUM REFUNDED

BLANK = N/A

LENGTH: 1 (CHARACTER)

EDB NAME: BENE_PTB_TP_STRT_DT

FULL NAME: BENEFICIARY PART B THIRD PARTY START DATE

SHORT NAME: PART B THIRD PARTY START DATE

SAS ALIAS: PBTBEG

ALIAS: TEDS

DESCRIPTION:

THE START DATE OF A PRIVATE THIRD PARTY GROUP'S OR STATE'S
LIABILITY FOR A BENEFICIARY'S PART B PREMIUM.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD

LENGTH: 8 (CHARACTER)

EDB NAME: BENE_PTB_TP_TRMNTN_DT

FULL NAME: BENEFICIARY PART B THIRD PARTY TERMINATION DATE

SHORT NAME: PART B THIRD PARTY TERMINATION DATE

SAS ALIAS: PBTEND

ALIAS: TTDS

DESCRIPTION:

THE LAST DATE OF A PRIVATE THIRD PARTY GROUP'S OR STATE'S
LIABILITY FOR A BENEFICIARY'S PART B PREMIUM.

SOURCE: SSA

EDIT-RULES:

YYYYMMDD

LENGTH: 8 (CHARACTER)

THIRD PARTY TRANSACTION CODE TABLE

THIS TABLE CONTAINS VALUES USED BY

BENE_PTA_TP_ACRTN_TRANS_CD, BENE_PTA_TP_DLTN_TRANS_CD

BENE_PTB_TP_ACRTN_TRANS_CD, BENE_PTB_TP_DLTN_TRANS_CD

CODE	MEANING
11	OPM ACCRETION.
11XX	ACCRETION MODIFIER OR ACKNOWLEDGEMENT, USED WITH CODES 25,28,60,61,62,63,64,65,66,67,72,75,80,82,83,84,85,90.
12	OPM ACCRETION (SPOUSE) (INACTIVE CODE).
13	OPM DELETION (SPOUSE) (INACTIVE CODE).
14	DELETION BECAUSE OF HIGHER PRIORITY BILLING STATUS.
15	DELETION, NO LONGER ENTITLED TO MEDICARE.
16	DEATH DELETION.
17	MISCELLANEOUS DELETION.
17XX	DELETION MODIFIER OR ACKNOWLEDGEMENT, USED WITH CODES 28,50,51,52,53,54,55,56,59,72,76,81,87,88,89.
18XX	ACCRETION BEING DEVELOPED, USED WITH CODES 61,62,63,64,84.
19XX	ACCRETION REJECT, NO MEDICARE ENTITLEMENT, USED WITH CODES 61,62,63,64,84.
20XX	DELETION REJECT, NOT ON BUY-IN; OR ANOTHER AGENCY HAS JURISDICTION, USED WITH CODES 50,51,53,76,81.
21XX	ACCRETION REJECT, NOT ENTITLED TO MEDICARE, USED WITH CODES 11,61,62,63,64,75,84,99.
22XX	ACCRETION REJECT, NOT ENTITLED TO MEDICARE, MBR SHOWS DISABLED, USED WITH CODES 61,62,63,64,84.
23	CLAIM NUMBER CHANGE ON OPEN TP RECORD.
23XX	CLAIM NUMBER CHANGE ON ACCRETION/DELETION/CORRECTION RECORD, USED WITH CODES 50,51,53,61,62,63,64,75,76,81,84,99.
24XX	REJECTED ACCRETION OR DELETION, EFFECTIVE DATE INCORRECT/INCOMPLETE, USED WITH CODES 50,51,53,61,62,63,64,75,76,81,84.
25XX	REJECTED ACCRETION OR DELETION, TRANSACTION PREVIOUSLY REPORTED, USED WITH CODES 50,51,53,61,62,63,64,81,84.
26	(INACTIVE CODE)
27XX	MISCELLANEOUS ACCRETION OR DELETION REJECT (TRANSACTION CODE IMPOSSIBLE, CODE 50 NOT SUBMITTED WITHIN 2 MONTHS OF CODE 65 ACCRETION, CODE 75 NOT ACCOMPANIED BY A CODE 76 OR VICE-VERSA, TPM SHOWS CODE 41 ON A CODE 81 (DELETION), USED WITH CODES 50,75,76,81.
28XX	REJECTED SIMULTANEOUS ACCRETION/DELETION, COVERAGE OVERLAPS ON THE TP MASTER, USED WITH CODES 75,76.
29XX	ACCRETION REJECT, TP MASTER SHOWS DEATH, USED WITH CODES 61,62,63,64,75,76,84.
30XX	ACCRETION PROCESSED, EFFECTIVE DATE ADJUSTED, USED WITH CODES 61,62,63,64,75,84.
31XX	ACCRETION OR DELETION BEING INVESTIGATED, CROSS-REFERENCE INVOLVED OR SEARCHING FOR ANOTHER CLAIM NUMBER, USED WITH CODES 50,51,53,54,55,60,61,62,63,64,81,84.
32XX	ACCRETION BEING CLERICALLY INVESTIGATED: COVERAGE

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REQUESTED PRIOR TO CURRENT PERIOD ON TP MASTER, USED WITH
CODES 61,62,63,64,75,76,84.

THIRD PARTY TRANSACTION CODE TABLE (CONTINUED)

CODE	MEANING
33XX	ACCRETION REJECT, BENE IS ONGOING CODE 91 IN ANOTHER STATE, USED WITH CODES 61,62,63,64,75,84.
34XX	DELETION REJECT, BENE IS ONGOING CODE 91 IN ANOTHER STATE, USED WITH CODES 50,51,53,76,81.
3662	ACCRETION BEING CLERICALLY PROCESSED.
41	ONGOING STATE BUY-IN (NON-SSI), GROUP OR OPM.
42XX	CREDIT ADJUSTMENT, REFUND OF PREMIUMS TO AN AGENCY BECAUSE OF DUPLICATE BILLING; OR ADJUSTMENT OF AN ACCRETION DATE TO A LATER DATE; OR ADJUSTMENT OF A DELETION DATE TO AN EARLIER DATE; USED WITH CODES 11,13,14,15,16,17,41, 67,68,69,91.
43XX	DEBIT ADJUSTMENT RESULTING IN INCREASED LIABILITY TO THE AGENCY BECAUSE OF AN ADJUSTMENT OF AN ACCRETION DATE TO AN EARLIER DATE OR A DELETION DATE TO A LATER DATE; USED WITH CODES 11,68,69.
44	CREDIT ADJUSTMENT, PREMIUM RATE FOR A BENE WAS REDUCED TO A LOWER RATE, ALSO OPM REJECT OF CODE 43 FROM HCFA.
45	DEBIT ADJUSTMENT, PREMIUM RATE FOR A BENE WAS INCREASED TO A HIGHER RATE.
4999	REJECTED CODE 99 TRANSACTION.
50	WIPE OUT OF A CODE 65 ACCRETION (FORMERLY USED TO WIPE OUT A CODE 67 PW ACCRETION).
51	DELETION FOR REASONS OTHER THAN DEATH.
52	DELETION FROM GROUP ACCOUNT; OR OPM ACCRETION ACKNOWLEDGEMENT.
53	DEATH DELETION.
54	OPM REJECT OF HCFA ACCRETION.
55	OPM REJECT OF HCFA DELETION.
56	OPM REJECT OF TP CODE 16 DEATH DELETION.
57	OPM REJECT OF HCFA ACCRETION: DUPLICATES PRIOR TRANSACTION.
58	CORRECTION OF CS NUMBER (NO LONGER USED).
59	DELETION BY HCFA FOR MISCELLANEOUS REASONS.
60	ACCRETION TO GROUP ACCOUNT.
61	ACCRETION BY STATE OR OPM.
62	ACCRETION FROM STATE AFTER INVESTIGATION OF CODE 61 OR 63 REJECT.
63	ACCRETION FROM STATE (SAME AS CODE 61), USED FOR SPECIAL ANALYSIS BY STATE.
64	ACCRETION OF SSI BENE FROM AN ACCRETE STATE.
65	ACCRETION BY HCFA CLERICAL STAFF.
66	ACCRETION BY HCFA CLERICAL STAFF, TRANSACTION DOES NOT GO TO MBR.
67	PUBLIC WELFARE (PW) ACCRETION BY HCFA.
68	ADJUSTMENT OF ACCRETION DATE (CREDIT OR DEBIT), AGENCY WILL RECEIVE 4268 (CREDIT) OR 4368 (DEBIT).
69	ADJUSTMENT OF DELETION DATE (CREDIT OR DEBIT), AGENCY WILL RECEIVE 4269 (CREDIT) OR 4369 (DEBIT).
71	CORRECTION OF NAME, SEX, DOB (OR PENALTY CONVERSION DATE ON OPM RECORD) BY HCFA CLERICAL STAFF.
72	INSERTION OF A CLOSED PERIOD OF COVERAGE BY HCFA PERSONNEL, AGENCY WILL RECEIVE CODES 1172 (ACCRETION) AND 1772

EDB DATA DICTIONARY

75 (DELETION), TRANSACTIONS DO NOT GO TO MBR.
ACCRETION PORTION OF CODE 75/76 SIMULTANEOUS ACCRETION/DELETION
CLOSED PERIOD OF COVERAGE FROM STATE
OR HCFA PERSONNEL. WILL GO TO TPM, MBR & EDB.

THIRD PARTY TRANSACTION CODE TABLE (CONTINUED)

CODE	MEANING
76	DELETION PORTION OF CODE 75/76 SIMULTANEOUS ACCRETION/DELETION (SEE 75 ABOVE).
80	ACCRETION GENERATED BY SSR/MBR/TPM INTERFACE OF SSI BENE TO AN ACCRETE STATE. STATE WILL RECEIVE CODE 1180.
81	DELETION OF SSI BENE BY AN ACCRETE STATE (MUST BE CODE 91 OR TPM). FORMERLY, CODE 81 WAS USED TO ACCRETE BENES WHEN THE SSI PROGRAM BEGAN IN 1974.
82	ACCRETION OF SSI BENE TO AN ACCRETE STATE BY HCFA PERSONNEL.
83	ACCRETION OF SSI BENE TO AN ACCRETE STATE BY HCFA PERSONNEL, WILL NOT GO TO MBR.
84	ACCRETION OF SSI BENE BY AN ALERT STATE.
85	(OBSOLETE)
86	ALERT SENT TO ALERT STATES INFORMING THEM THAT THE BENE IS RECEIVING SSI.
87	DELETION OF SSI BENE BY SSR/MBR/TPM INTERFACE, SENT TO AN ACCRETE STATE AS A CODE 1787. ALERT SENT TO AN ALERT STATE TELLING THEM THAT THE BENE STOPPED RECEIVING SSI.
88	DELETION OF SSI BENE ON AN ACCRETE STATE ACCOUNT (CODE 91) BY HCFA PERSONNEL.
89	DELETION OF SSI BENE ON AN ACCRETE STATE ACCOUNT (CODE 91) BY HCFA PERSONNEL. THE TRANSACTION WILL NOT GO TO THE MBR.
90	ACCRETION OF BENE TO STATE JURISDICTION BUY-IN AFTER SSI DELETION (CODE 1787). STATE WILL RECEIVE CODE 1190 WHICH WILL BECOME A CODE 41 THE NEXT MONTH.
91	ONGOING STATE BUY-IN OF SSI BENE RESIDING IN AN ACCRETE STATE.
97	INPUT BY HCFA PERSONNEL TO CORRECT THE TP CODE ON THE EDB.
99	INPUT CODE USED BY A STATE, GROUP, OPM OR HCFA PERSONNEL TO ADD OR CORRECT THE ELIGIBILITY CODE, SEX, AND/OR WELFARE ID NUMBER ON A TPM RECORD.